New Hampshire CHIS comprehensive health care information system

Special Project

2005 Health Plan Performance Summary Report

New Hampshire Performance on Selected HEDIS Measure Topics Compared to:
National, New England, and Northern New England Benchmarks for
HEDIS 2005® Reporting Year (2004 data year)

A report prepared for the
New Hampshire Department of Health and Human Services
By the
Maine Health Information Center

November 2006

About the New Hampshire Comprehensive Health Care Information System

The New Hampshire Comprehensive Health Care Information System (NH CHIS) is a joint project between the New Hampshire Department of Health and Human Services (NH DHHS) and the New Hampshire Insurance Department (NHID). The NH CHIS was created by state statute (RSA 420-G:11-a) to make health care data "available as a resource for insurers, employers, providers, purchasers of health care, and state agencies to continuously review health care utilization, expenditures, and performance in New Hampshire and to enhance the ability of New Hampshire consumers and employers to make informed and cost-effective health care choices." For more information about the CHIS, please visit www.nhchis.org or contact Andrew Chalsma, NH DHHS, achalsma@dhhs.state.nh.us or Leslie Ludtke, NHID, lludtke@ins.nh.gov.

About the Study

This study was conducted by the Maine Health Information Center (MHIC) under a contract with the State of New Hampshire Department of Health and Human Services, Office of Medicaid Business and Policy, titled New Hampshire Comprehensive Health Care Information System. The views expressed are those of the authors and do not necessarily represent the views of the MHIC, or the New Hampshire DHHS. For more information contact Bill Perry, Vice President of Research and Data Applications, Maine Health Information Center, 207-430-0646, bperry@mhic.org.

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Thanks to the following people who reviewed and commented on drafts of this report: Janet Horne, Patrice Jackson, Dr. Doris Lotz, Lisa Bujno, and Kathy Berman from NH Department of Health and Human Services; Amy Costello from University of New Hampshire; Jennifer Gottberg from Harvard Pilgrim Health Care; and Vinny Canna from Anthem Blue Cross and Blue Shield.

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EXECUTIVE SUMMARY

For the first time in New Hampshire, the Department of Health and Human Services, as part of the Comprehensive Health Care Information System (CHIS) project presents a comprehensive report on information from the Health Plan Employer Data and Information Set (HEDIS) measures. HEDIS measurement results are made available to employers and consumers for use in reviewing the performance and quality of health plans and their health provider networks. Under New Hampshire statute and rules, health plans in New Hampshire that collect HEDIS data must submit it annually to the State. Data from CIGNA, Anthem, and Harvard Pilgrim were submitted in mid-2005 based on services delivered in 2004 and prior as specified by each measure.

For HEDIS 2005 Reporting (2004 data year), this report summarizes information from 57 separate performance and utilization measures organized into five health topic areas. Results for New Hampshire privately insured enrollees/members are compared against benchmarks for the Nation, the 6-state New England region, and the 3-state northern New England region. Multiple regions were chosen for comparison to allow for the broadest understanding of New Hampshire's results.

Overall Findings: New Hampshire results were more favorable than the National benchmarks for 31 of the 33 separate HEDIS performance measures and sub measures reviewed. The 2 less favorable health care measures were: lower rates of Chlamydia (sexually transmitted Chlamydia (sexually transmitted disease) screening for both age groups. Results of the 24 utilization measures and sub measures were below use rates for 2 chemical dependency measures and four categories of measures of hospital inpatient care. In addition, New Hampshire results for all 57 measures were generally equal to or more favorable than the New England and northern New England regional benchmarks.

Childhood and Adolescent Health Care: New Hampshire results were more favorable than National benchmarks on all 15 measures in this health topic area. Compared with the regional benchmarks, the New Hampshire well-child visits rate for children aged 7-12 and immunization rates for adolescents were slightly below regional benchmarks.

Comprehensive Diabetes Health Care: New Hampshire results were more favorable than National and regional benchmarks for all but one of the seven HEDIS measures related to health care for diabetic patients. Only for kidney disease (nephropathy) screening was New Hampshire results below results achieved by the New England and northern New England regions.

Women's Health Care: New Hampshire results were more favorable than National and regional benchmarks for breast cancer screening, cervical cancer screening, and percentage of women who received timely prenatal and postpartum care. For women in two age groups, 16-20 and 21-25, the rate of screening for sexually transmitted disease (Chlamydia) was less favorable than the two regional benchmarks, but was similar to the National benchmark.

Mental Health and Substance Abuse Health Care: New Hampshire hospital inpatient utilization rates for mental health conditions were slightly higher than all three benchmarks and length of stay was shorter than the regional benchmarks. Follow-up after inpatient care was more favorable than all three benchmarks. Office visit utilization for patients with depression was more favorable than National, but was less favorable than the regional benchmarks. New Hampshire results for appropriate depression medication management was more favorable than all three benchmarks. Hospital inpatient use and length of stay for Chemical Dependency disorders was below all three benchmarks.

Hospital Utilization: New Hampshire hospital inpatient utilization rates were below all four benchmarks for all measured categories of care: total discharges, medical discharges, surgical discharges, and maternity discharges. For hospital outpatient (or ambulatory) care, total visits utilization rates were higher than National, but were similar to the regional benchmark rates. New Hampshire emergency room rates were substantially higher than National rates and were slightly higher than the New England and northern New England regional benchmarks. Outpatient surgery utilization rates were higher than all three benchmarks.

Looking at hospital care for maternity, rates of deliveries were lower than the Nation, but were similar to the regional benchmarks. Compared with rates for the region, rates of vaginal delivery are higher and rates of Cesarean Section delivery are lower.

Limitations and Next Steps: This report for the first time summarizes HEDIS measure results as reported by New Hampshire health plans. The report does not assess the statistical significance of measure differences between individual health plans or between New Hampshire and the three benchmarks. Additionally, although this data provides useful information for assessing the state of health in New Hampshire's population, a comprehensive picture would include data on Medicaid, Medicare, populations from health plans that don't have HEDIS data, and people with no health insurance coverage. Future reports will begin to address these limitations through the inclusion of statistical testing and HEDIS like measures for the Medicaid population.

INTRODUCTION

This report was developed by the New Hampshire Comprehensive Health Care Information System (CHIS) to provide for the first time summarized information, or 'topic summaries,' for key measures of health care services using the Health Plan Employer Data and Information Set (HEDIS) set of health care measures. This report is expected to be part of an annual series that presents HEDIS information about New Hampshire.

The HEDIS measurement set was developed and is updated annually by the National Committee for Quality Assurance (NCQA). NCQA publishes specific measurement guidelines for each measure in the HEDIS measurement set. Each year, health insurance carriers across the U.S. are encouraged to assess the health characteristics of their insured members using the HEDIS measurement set. Additionally those health carriers that have obtained or are seeking NCQA Excellent Accreditation are required to complete HEDIS reporting to maintain or achieve this accreditation level. Measurement results are made available to employers and consumers for use in reviewing the performance and quality of health plans and their health provider networks.

Under New Hampshire law (RSA 420-G:11. II-a) and resulting administrative rules, all New Hampshire carriers who collect New Hampshire specific HEDIS data must submit the HEDIS information set to the State. For HEDIS 2005 reporting year (2004 data year), three health plans submitted their HEDIS information: Anthem, CIGNA, and Harvard Pilgrim. Using these individual health plan submissions, this study aggregated findings to the statewide level to produce average measures for New Hampshire (weighted averages were computed by multiplying separate health plan results by their number of members, summing the result, and dividing by three health plans).

In addition to statewide New Hampshire measures, the New Hampshire CHIS project acquired comparative benchmark data from NCQA. For each of the major HEDIS measures, NCQA supplied a table of benchmark averages for aggregate health plans at the National level (262 health plans), New England (26 health plans) and northern New England (NH, ME, VT - 11 health plans).

Shown in an Appendix of this report are comparisons showing HEDIS measure results for each of the major HEDIS measures broken out for each of three health plans serving New Hampshire (Anthem, CIGNA, Harvard Pilgrim), the Nation, New England and northern New England.

As an aid to organizing and understanding the large amount of information in the Appendix, this report focuses upon, and is organized by, a selection of HEDIS measures pertinent to five health topic areas:

- Childhood and Adolescent Health Care,
- Comprehensive Diabetes Care,
- Women's Health Care,
- Mental Health and Substance Abuse Health Care, and
- Hospital Utilization.

An important interpretative limitation should be noted. This report was intended to summarize HEDIS measure results as reported by health plans. The report does not assess the statistical significance of measure differences between individual health plans or the three benchmarks. Though a statewide New Hampshire HEDIS value may be higher or lower than a comparative value, this study was not designed to calculate or report on the statistical significance of any differences. Additionally, although this data provides useful information for assessing the state of health in New Hampshire's population, a comprehensive picture would include data on Medicaid, Medicare, populations from health plans that don't have HEDIS data, and people with no health insurance coverage. Rates in these other groups may be different from the rates reported here for the privately insured New Hampshire population. Future reports will begin to address these limitations through the inclusion of statistical testing and HEDIS like measures for the Medicaid population.

CHILDHOOD AND ADOLESCENT HEALTH CARE

Many important developmental milestones are reached during childhood and adolescence. It is very important that during this time of physical and mental growth, children and adolescents receive appropriate health care. Regular visits with their primary care providers and immunizations are crucial to providing effective disease prevention and health monitoring. In addition, children with acute and chronic illnesses require proper diagnosis, treatment, and management.

The following review of HEDIS measure results provides information on how New Hampshire is doing at the statewide level in serving the health care needs of the state's children and adolescents. The information shown below are statewide aggregations of HEDIS measure results reported by the major private health plans serving New Hampshire residents; these reflect health care provided in the 2004 and prior as specified by each measure.

Measures included in this report: access to primary care practitioners, well child visits, childhood immunizations, adolescent immunizations, proper testing for pharyngitis, proper treatment of URI, and appropriate prescription of asthma medications. Benchmark data are provided for National data and two regions- New England (ME, NH, VT, CT, MA, RI) and northern New England (ME, NH, VT).

Key Findings

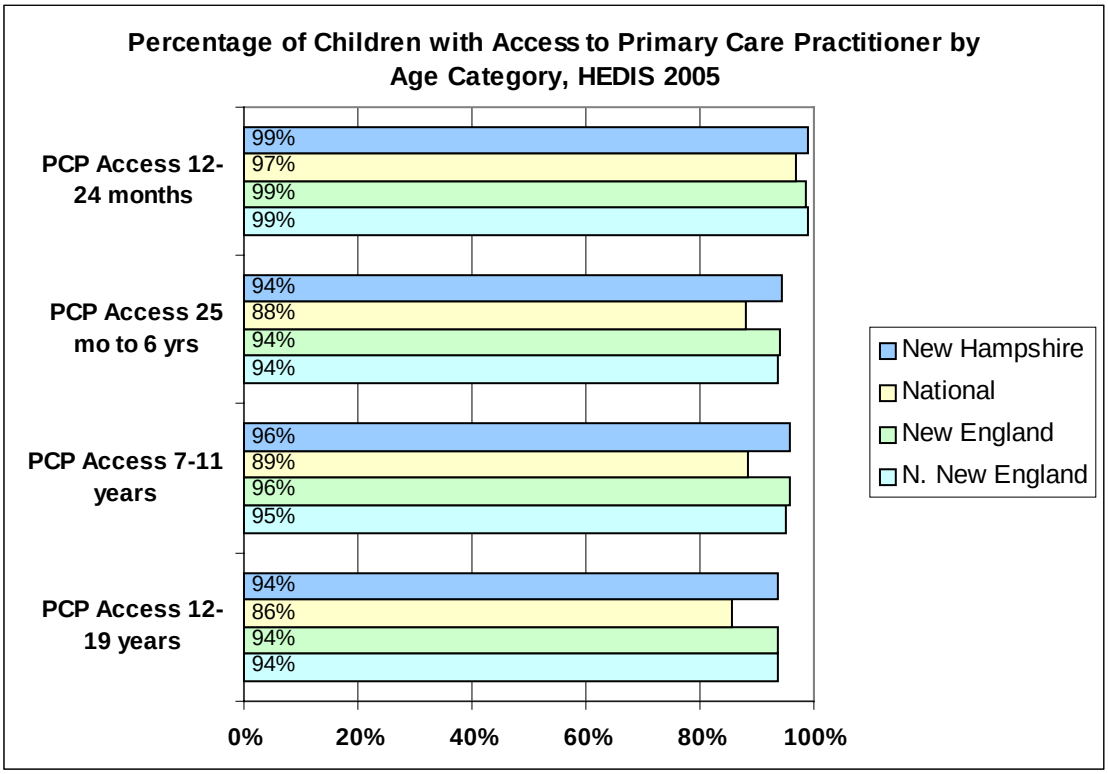
This analysis reviewed seven HEDIS measure results relevant to health care provided to New Hampshire children and adolescents. Observations of note in the data include:

- New Hampshire exceeds national average benchmarks on all seven measurement areas.
- On average, 96% of children and adolescents aged 12 months to 19 years old have access to a primary care practitioner.
- Although the rates of well-child visits are generally high, well-child visit rates for adolescents are lower than the rates for younger children.
- New Hampshire's HEDIS immunization rates for children and adolescents exceed the national HEDIS averages. Adolescent immunization rates are lower than children's immunization rates.
- Although the immunization rates are generally high it is possible that the actual rate for immunizations may be underestimated in these HEDIS measurement results due to New Hampshire's state immunization program that provides immunizations free to charge to all residents birth to 18 years regardless of insurance coverage.
- For the two measures proper treatment of upper respiratory infection and proper testing for pharyngitis, New Hampshire exceeds the national HEDIS rates, but the New Hampshire HEDIS rates indicate that 12% of children and adolescents are not properly treated for a URI and 18% are not properly tested for pharyngitis. As a result, many children may have been prescribed antibiotics inappropriately.

It is important to remember that the data provided in this report only include children and adolescents who were privately (commercially) insured by Anthem, CIGNA, and Harvard Pilgrim during 2004. Although this data provides useful information for assessing the state of health in New Hampshire's children and adolescents, a comprehensive picture would include data on the Medicaid population plus children with no health insurance coverage. Rates including Medicaid and uninsured may be different from the rates reported here for the privately insured New Hampshire population.

Access to Primary Care Practitioners

Access to a primary care provider is the cornerstone for ensuring healthy children. Immunizations, screenings for physical and developmental progress, and care management for chronic illnesses like asthma and diabetes are much more likely when children and adolescents seek care with a primary care provider.



HEDIS Measurement Definition

Percent of children aged 12 months to 6 years with at least one primary care provider visit a year, and adolescents aged 7 to 19 years with at least 1 visit with a primary care provider every 2 years.

Results

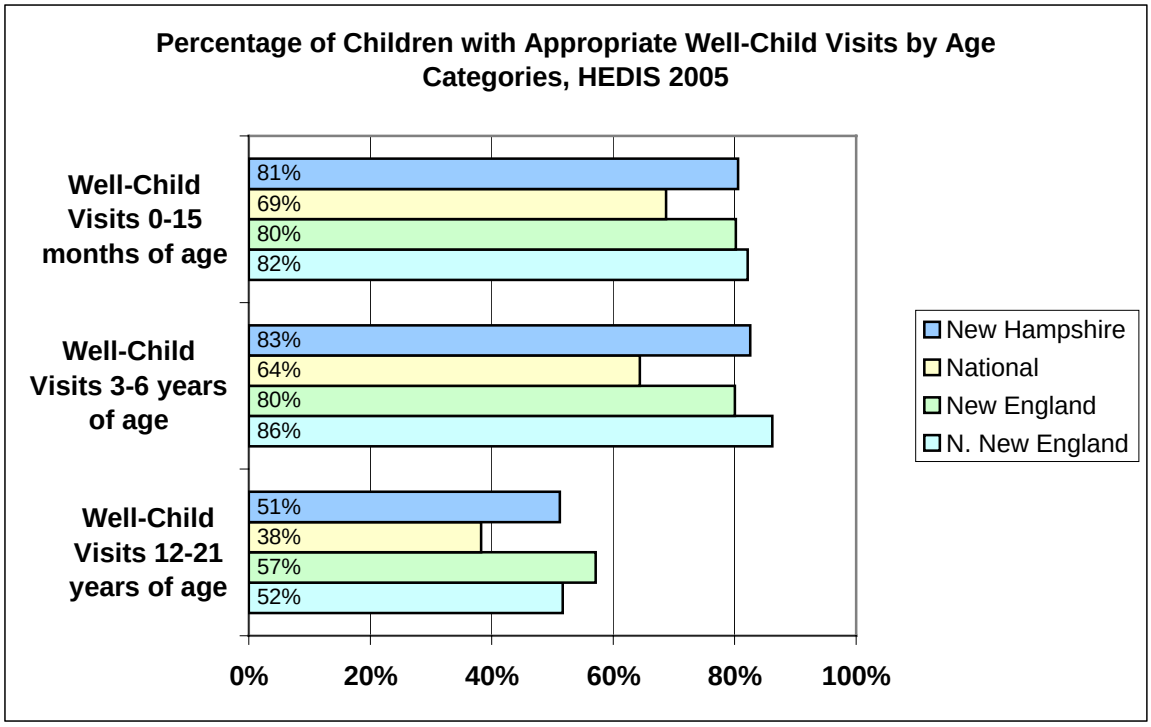
- Children aged 12-24 months had the highest rate of all age groups at 99%, with at least one visit to their primary care practitioner in 2004. Ninety-six percent of children aged 7-11 years had at least one visit while 94% percent of 12-19 year old chil-

dren accessed a primary care practitioner. The average percentage for all age groups was 96%.

- New Hampshire rates exceed the national rates for all age groups. The state's rates for all age groups are generally comparable to the New England and Northern New England regional rates.

Well-Child Visits

Well-care visits are routine visits to the child's physician for physical examinations, immunization updates, tracking growth and development, and finding any problems before they become serious (www.qualitymeasures.ahrq.gov). The rates for well-child visits vary by age. A national study showed that the rate of well-child visits for infants was 5 times higher than preschoolers. In addition, visits for preschoolers were 3 times higher than visits for school aged children (http://www.cdc.gov/nchs).



HEDIS Measurement Definition

Percent of children aged 0 to 15 months with 6 or more well-child visits with a primary care provider. Percent of children aged 3-6 and adolescents aged 12-21 years old that have had at least one comprehensive well care visit with a primary care provider practitioner or OB/GYN.

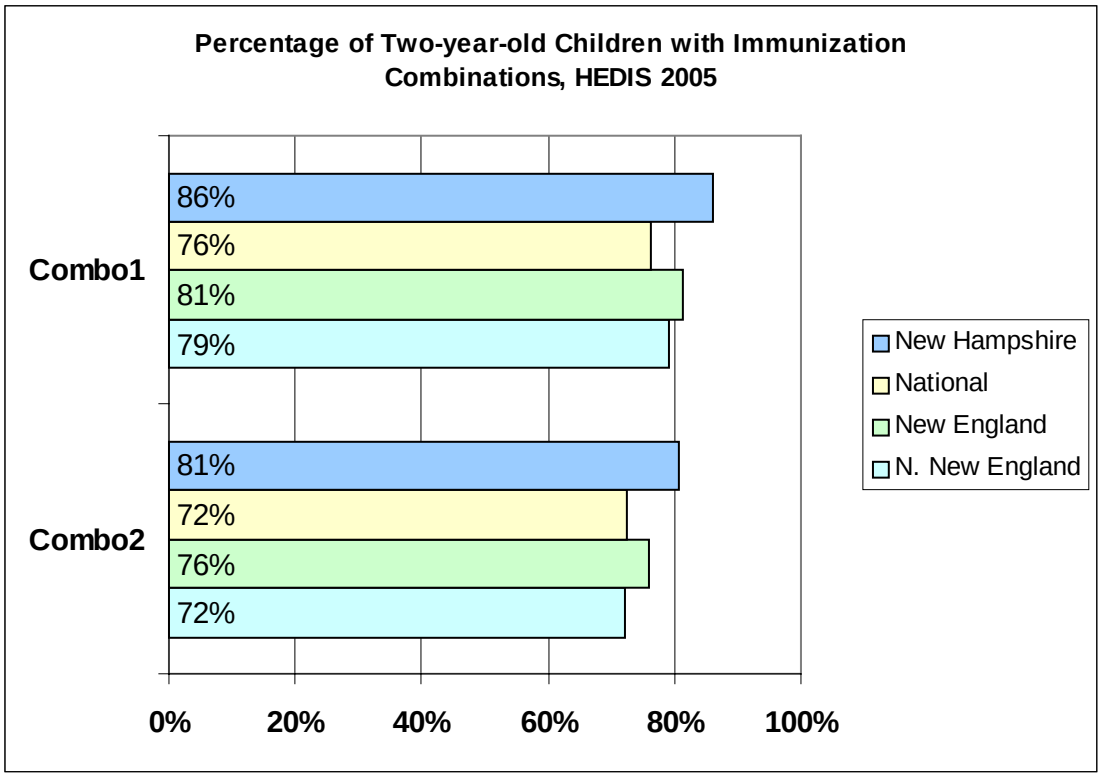
Results

- Children aged 15 months exceed the national average with 81% of children receiving 6 or more well-child visits. In the older age groups, 83% of 3-6 years olds children and 51% of 12-21 year olds received 1 well care visit.

- New Hampshire's rates are comparable to both regional rate benchmarks.

Childhood Immunization

Immunizations are the most effective method of primary prevention of communicable diseases. While national immunization rates are high, it is still imperative to continue comprehensive and timely administration of vaccines. Most immunizations are given during the first 2 years of life, a time when the body is more susceptible to severe diseases. Not all children are properly immunized. Although many states have laws that children who attend public schools must be immunized to attend school, children can be exempted for medical and religious purposes.



HEDIS Measurement Definition

Percent of children two years of age who have had the appropriate series of immunizations referred to as immunization Combination 1 and immunization Combination 2. Combination 1 includes vaccinations for 4 doses of diphtheria, tetanus, and pertussis, 3 doses for polio, 1 dose for measles, mumps, rubella, 3 doses for Haemophilus influenza type b and 3 doses for hepatitis B. Combination 2 includes all vaccines in Combination 1 plus one vaccination for varicella (chicken pox) or documented history of disease.

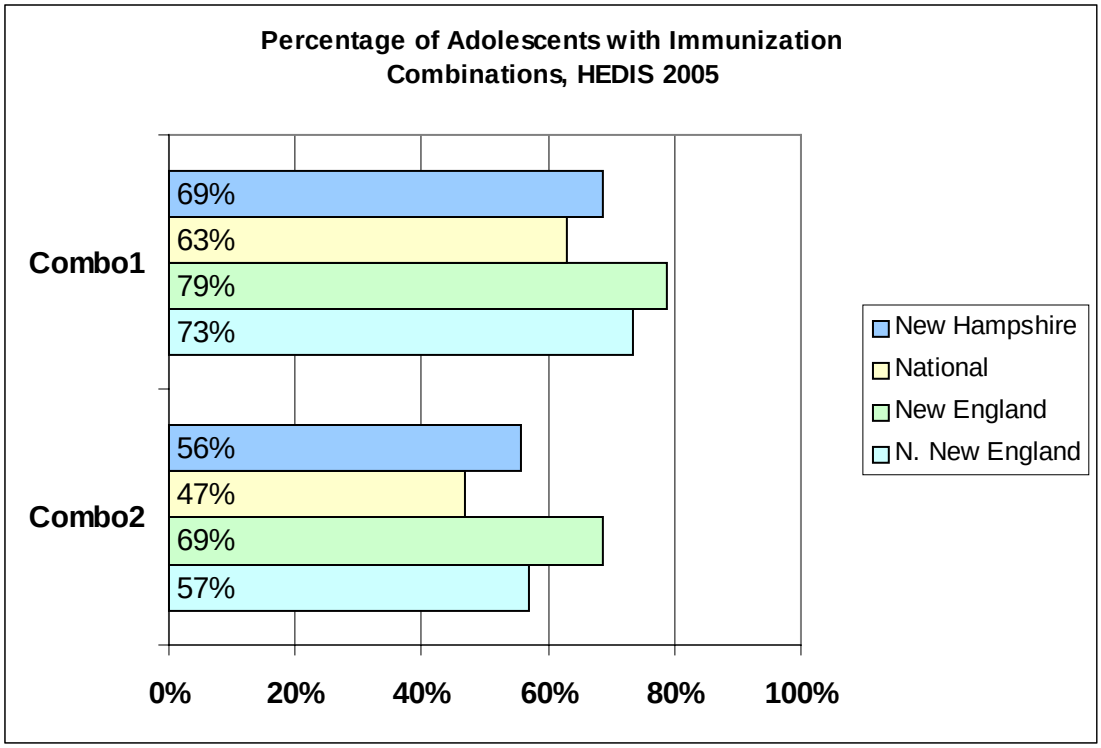
Results

- In New Hampshire, 86% of children received the vaccines in combination 1 prior to age three, 81% received the vaccines in combination 2. This exceeds national rates of 76% for Combo 1 and 72% for Combo 2.

- New Hampshire's childhood immunization rates also exceed the regional rates of 81% for New England, and 79% for northern New England for Combo 1, and for Combo 2, 76% for New England and 72% for northern New England.

Adolescent Immunization

Adolescents, more specifically defined as 13 year olds for the purposes of this HEDIS measure, continue to be affected by vaccine-preventable diseases and ensuring that they are fully vaccinated is important. For instance, the highest rate of Hepatitis B is among people aged 20-49. Therefore, it is increasingly important for adolescents to be vaccinated because adolescents are more likely to see a health care provider than young adults. (http://www.cdc.gov/ncidod/diseases/hepatitis/b/fact.htm).



HEDIS Measurement Definition

The percentage of adolescents who turned 13 years old during the measurement year, and who were given appropriate vaccinations. Combination 1 includes 3 doses of hepatitis B virus vaccine and 2 doses of measles, mumps, rubella vaccine. Combination 2 includes all of combination 1 plus 1 dose of varicella (chickenpox) or documented history of disease.

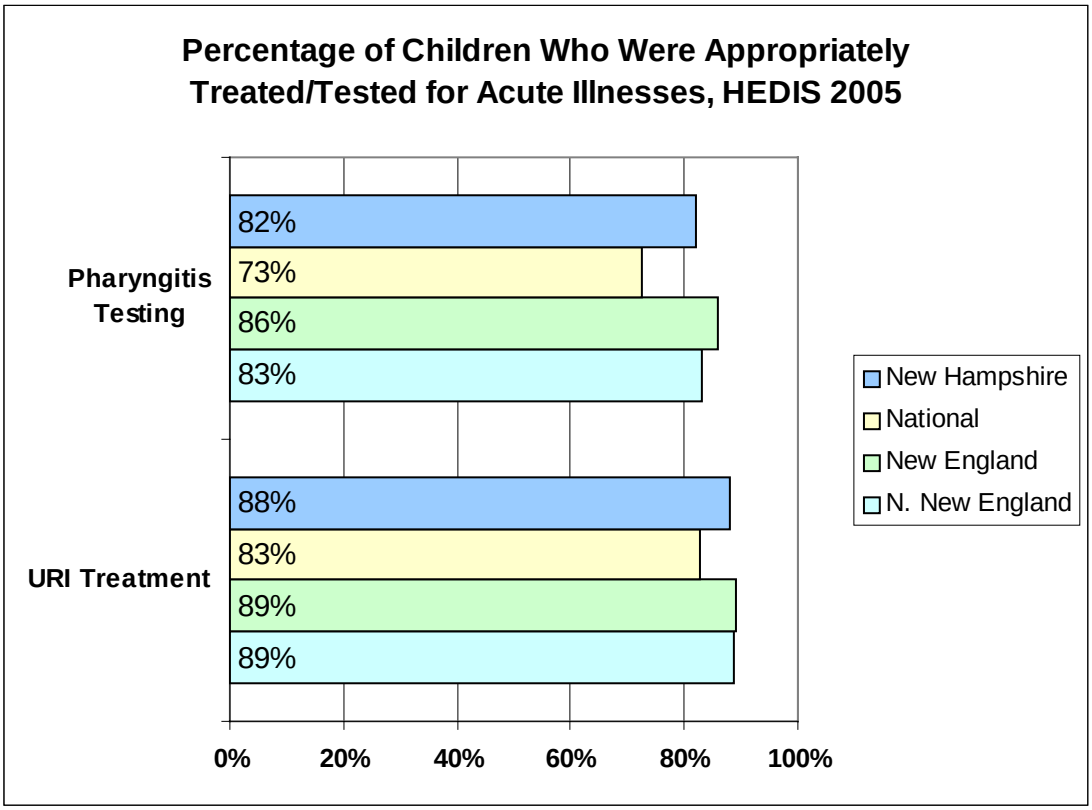
Results

- As with childhood immunization rates, New Hampshire exceeds the national rates for both Combo 1 and Combo 2 for adolescents. Sixty-nine percent of adolescents received combination 1 while fifty-six percent received combination 2.
- Nationally, 63% of adolescents received Combo 1 and 47% received Combo 2.

- Regional rates are higher with 79% and 73% of adolescents receiving Combo 1 and 69% and 57% receiving Combo 2 for New England and northern New England, respectively.

Appropriate Testing and Treatment for Common Acute Illnesses

Although the discovery of antibiotics led to a dramatic decrease in illnesses and deaths caused by bacteria, inappropriate use and overuse of antibiotics has led to resistant strains of bacteria. As a result, some illnesses that were once curable with the use of antibiotics cannot be treated. Clinical guidelines do not support the use of antibiotics for Upper Respiratory Infections, including pharyngitis (The State of Health Care Quality 2005, NCQA). The Centers for Disease Control and Prevention calls antibiotic resistance one of the world's most pressing public health problems.



HEDIS Measurement Definition Proper Testing for Pharyngitis
Percent of children 2 to 18 years of age who were diagnosed with pharyngitis, and were prescribed an antibiotic and who received a Group A streptococcus test before antibiotics were administered.

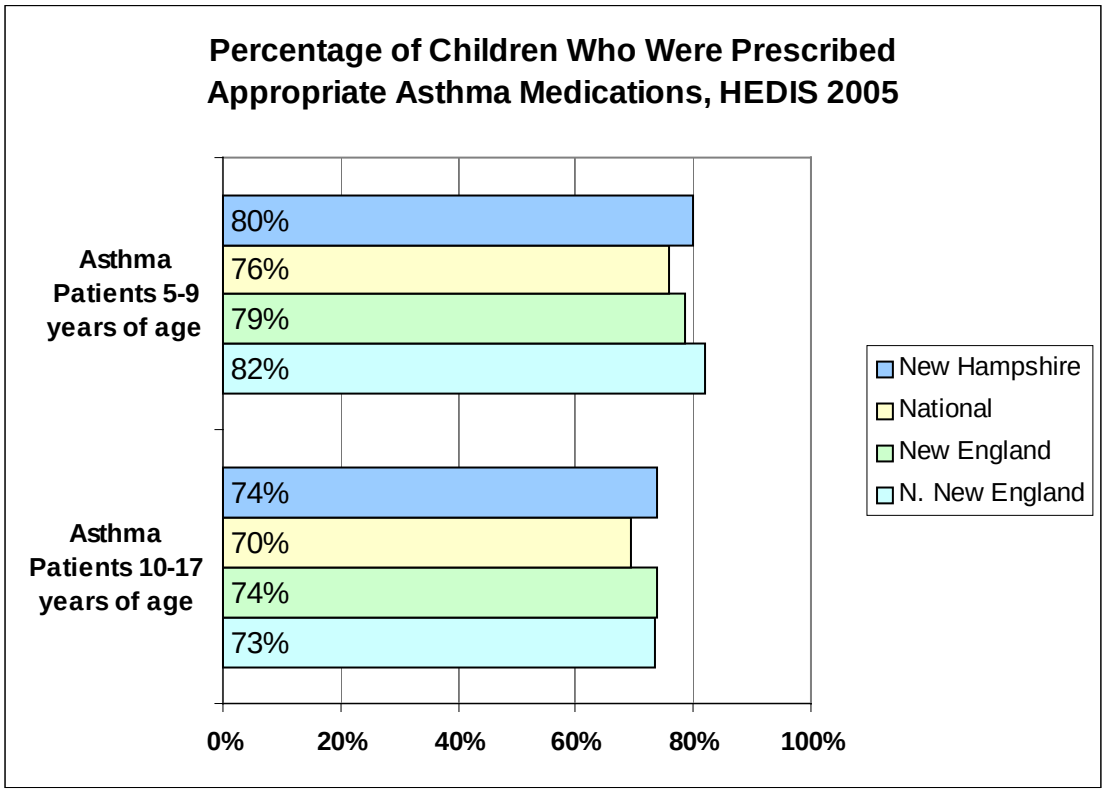
HEDIS Measurement Definition for Proper Treatment of an Upper Respiratory Infection (URI)
Percent of children 3 months to 18 years of age who were diagnosed with an URI and did not receive antibiotic prescription for that episode of care within 3 days of the visit.

Results

- New Hampshire exceeded the national HEDIS average of 73% for appropriate testing for pharyngitis. According to New Hampshire data, 82% of children were diagnosed with pharyngitis and received a Group A streptococcus test before antibiotics were administered. New Hampshire was slightly below the regional rates of 86% for New England and 83% for northern New England.
- Eighty-eight percent of children were appropriately treated for a URI. This exceeds the national rate of 83%, and is comparable to both regional rates at 89%.

Appropriate Prescription of Asthma Medication

Asthma affects approximately 6.3 million children nationwide. With appropriate medical care and management, children can avoid emergency room visits, inpatient stays, and missed days from school.



HEDIS Measurement Definition

Percent of children aged 5-9 and 10-19 years who were identified as having persistent asthma, and who were appropriately prescribed an inhaled corticosteroid as primary therapy according to the National Heart, Lung, and Blood Institute's asthma management guidelines as preferred therapy for long-term asthma control.

Results

- In New Hampshire, 80% of children aged 5-9 years old were prescribed appropriate medications. The rate for 10-17 year-olds was lower at 74%, but was still above the

national HEDIS average for that age category. Nationally, 70% of 10-17 year olds and 76% of 5-9 year olds were appropriately prescribed asthma medications.

- For the 5-9 year old population, New Hampshire's rate was above the national average, but below the northern New England rate of 82%. New Hampshire's rate for 10-17 year olds was equal to the New England and northern New England rates of 74%.

COMPREHENSIVE DIABETES CARE

According to the Centers for Disease Control and Prevention (CDC), in 2005, the total prevalence of diabetes in 2005 for Americans of all ages was 20.8 million people. Of that, 14.6 million people had been diagnosed with diabetes while an estimated 6.2 million people remained undiagnosed. In 2005, 1.5 million new cases of diabetes were diagnosed in people aged 20 years and older. The CDC also reported that approximately 177,000 people 20 years and younger are living with diabetes. (www.cdc.gov/diabetes/statistics/index.htm). From the Behavioral Risk Factor Surveillance System, in 2005 an estimated 6.5% of New Hampshire adults had been told by a doctor they have diabetes, similar to the national median of 7.5% (http://www.cdc.gov/brfss).

Diabetes is a disease that affects all major systems of the body and increases the risks of other chronic illnesses, physical disability, and premature death. It is imperative for people with diabetes to seek regular medical care and obtain the necessary testing to assist them to decrease their health risks and maintain a high quality of life.

The following review of HEDIS measure results provides information on how well New Hampshire serves the health care needs of people with diabetes. The information shown below are statewide aggregations of HEDIS measure results reported by the major private health plans serving New Hampshire residents; these and reflect diabetic health care provided in 2003-2004.

Measures included in this report focus on two aspects of diabetes care. The first aspect of care focuses on screening and testing. Measures included are: eye exams, blood glucose (blood sugar) testing (hemoglobin A1c test), serum cholesterol level (LDL-C) screening, and screening or treatment for kidney disease. The second aspect of care looks at key clinical outcomes including poor, greater than 9% A1c test results and cholesterol (LDL) controlled at less than 100mg/dL and at less than 130mg/dL. Benchmark data is provided for National data and two regions- New England (ME, NH, VT, CT, MA, RI) and northern New England (ME, NH, VT).

Key Findings

This analysis reviewed seven HEDIS measure results relevant to the quality of diabetes care in New Hampshire. Observations of note in the data include:

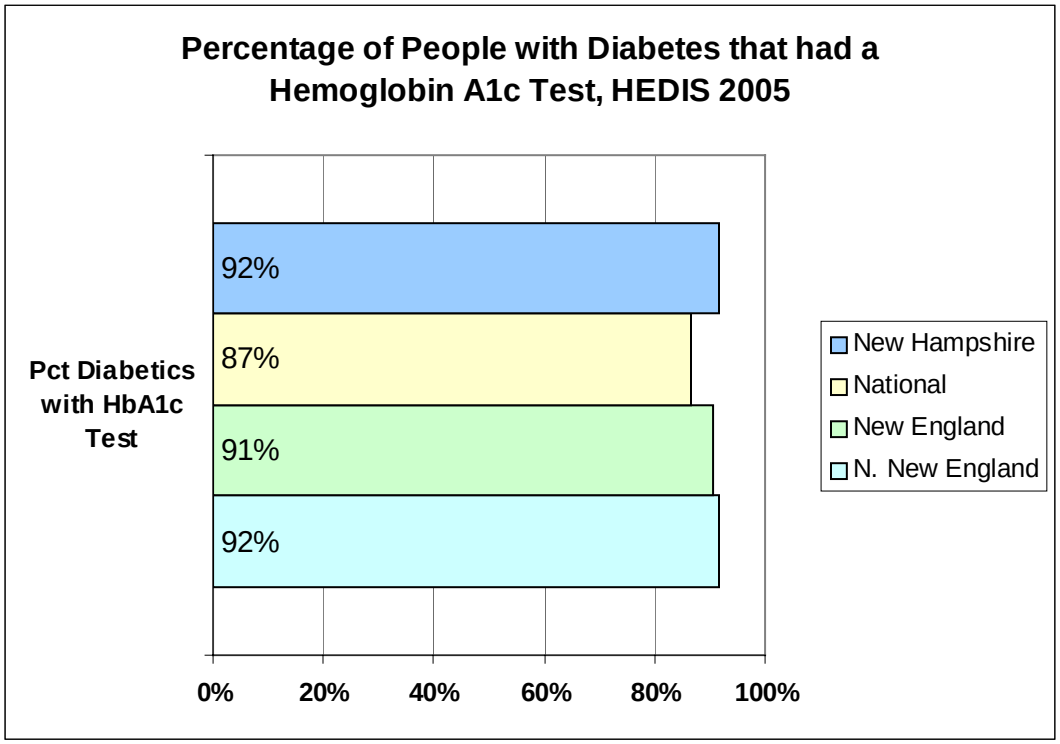
- New Hampshire exceeds national average benchmarks on all seven measures.
- Although the rate for blood glucose (hemoglobin A1c) testing is relatively high at 92%, 20% of those tested have poor blood glucose levels (over 9%).
- 94% of people with diabetes did get a cholesterol (LDL) test. Of those tested, 71% had relatively acceptable LDL levels less than 130 mg/dL, and 46% had more favorable, or optimal, LDL levels less than 100 mg/dL. This means that while most diabetic patients are being tested, and a majority of those patients have acceptable or even optimal cholesterol levels, 29% of diabetic patients did not meet acceptable levels for cholesterol.

- New Hampshire's diabetic kidney disease (nephropathy) monitoring (testing or medical attention) rate of 56% favorably exceeds the national rate of 52%, but is below both the New England and Northern New England rates.
- In New Hampshire, 76% of diabetic patients received a negative retinal, or dilated, eye exam during the measurement year that favorably exceeds all three benchmark rates.

It is important to remember that the data provided in this report includes only patients who were privately (commercially) insured by Anthem, CIGNA, and Harvard during 2004. Although this data provides useful information for assessing the state of health in New Hampshire's population, a comprehensive picture would include data on the Medicaid population plus people with no health insurance coverage. Rates including Medicaid and the uninsured may be different from the rates reported here for the privately insured New Hampshire population.

Hemoglobin A1c Testing

Glycosylated hemoglobin testing (A1c) indicates a person's average blood glucose level over a period of three months. The results of this test are particularly important because they show how well the patient's diabetes is being controlled. Lifestyle behaviors such as eating habits and exercise can affect blood sugar levels; these effects can be monitored through A1c testing.



HEDIS Measurement Definition

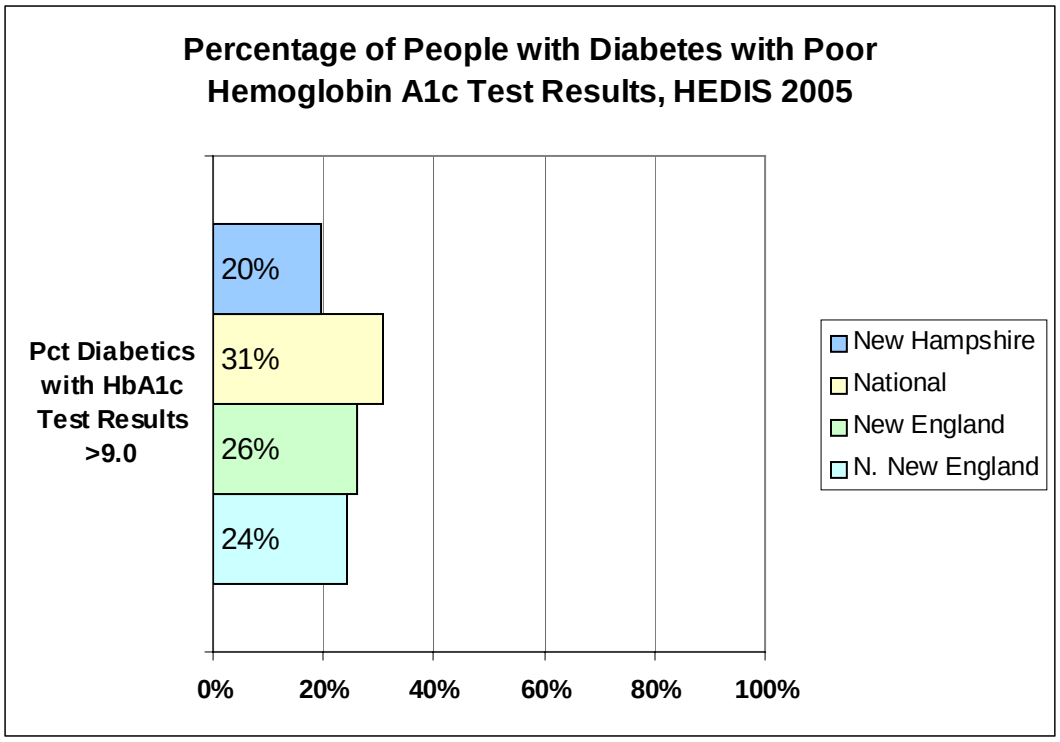
Percentage of adults aged 18-75 years old with type 1 and type 2 diabetes who had an A1c test during the measurement year.

Results

- In New Hampshire, 92% of people with diabetes received an A1c test. This is the same rate for the northern New England area and higher than New England and National rates of 91% and 87% respectively.

Poor Hemoglobin A1C Levels

Poor results may lead to needs imply a need for more intensive education and patient case management. Blood glucose levels of greater than 9.0 percent are considered poor A1c results.



HEDIS Measurement Definition

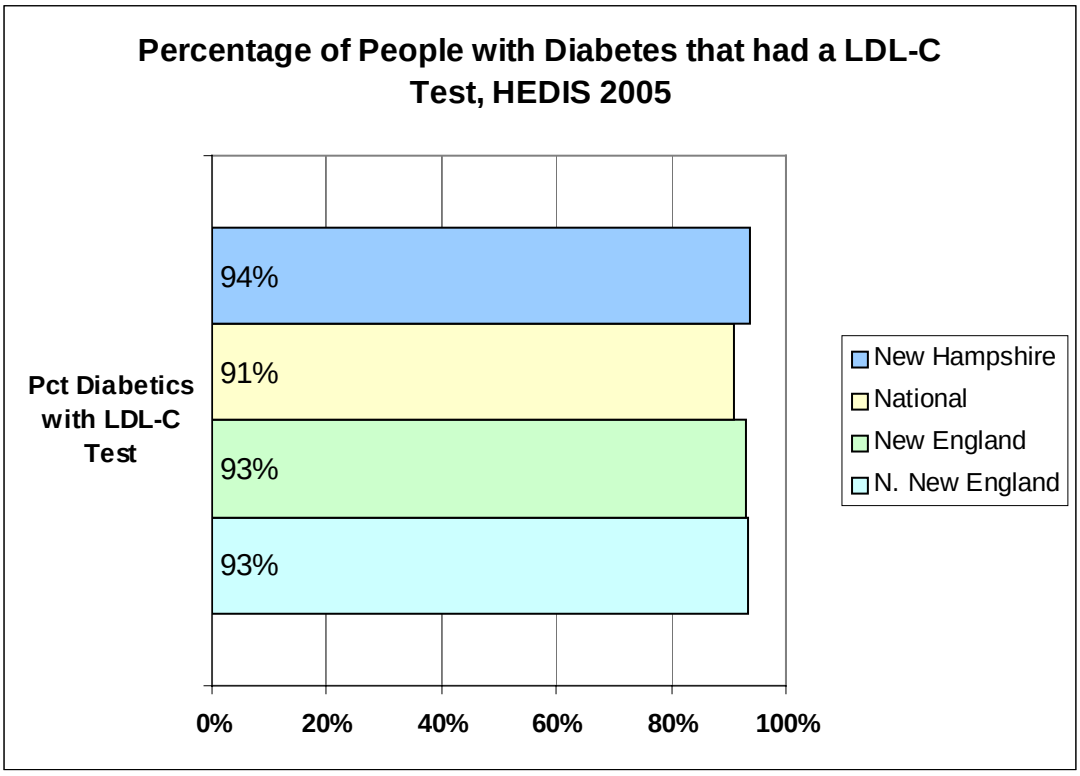
Percentage of adults aged 18-75 years old with type 1 and type 2 diabetes who whose most recent A1c test during the measurement year, indicated a poor blood glucose level (greater than 9.0 percent). A lower percentage indicates better performance.

Results

- In New Hampshire the people with diabetes that had an A1c test, 20% had results greater than 9.0 percent, which indicates poorly controlled blood sugar levels for these patients. New Hampshire out-performs the New England (26%) and northern New England (24%) rates, as well as the national rate of 31%.

Serum Cholesterol Level Screening (LDL-C)

Heart disease and stroke account for 65% of deaths in people with diabetes nationally. Research has shown that people with diabetes have 2-4 times higher risk than someone without diabetes for having heart disease and/or a stroke. (National Diabetes Fact Sheet: General Information and National Estimates on Diabetes, 2005, Atlanta, GA., US Department of Health and Human Services, CDC, 2005.). Serum cholesterol screening (LDL-C) is the recommended standard for assessing cholesterol levels.



HEDIS Measurement Definition

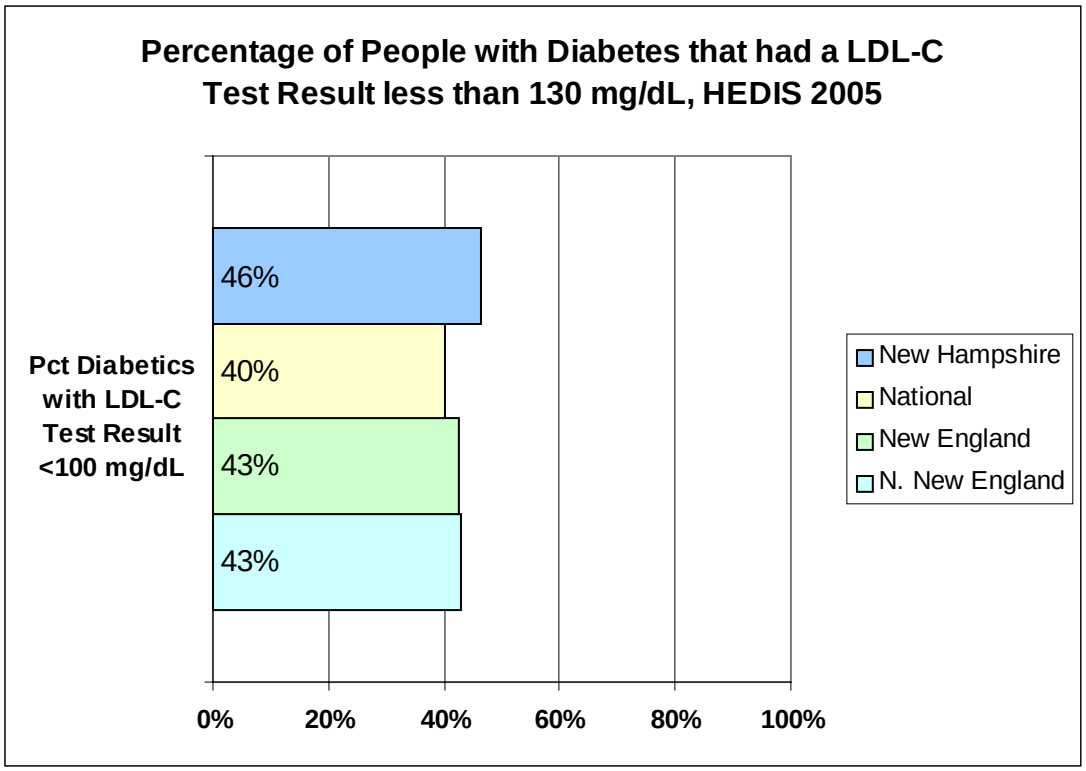
Percentage of adults aged 18-75 years old with type 1 and type 2 diabetes that had a serum cholesterol level (LDL-C) screening during the measurement year.

Results

- In New Hampshire, 94% of people with diabetes received an LDL-C test. This was similar to the rates of Northern New England at 93% and New England at 93%. Nationally, 91% had an LDL-C.

LDL-C less than 130 mg/dL

While an LDL-C less than 100 mg/dL is optimal, a level less than 130mg/dL is considered an acceptable cholesterol level for people with diabetes.



HEDIS Measurement Definition

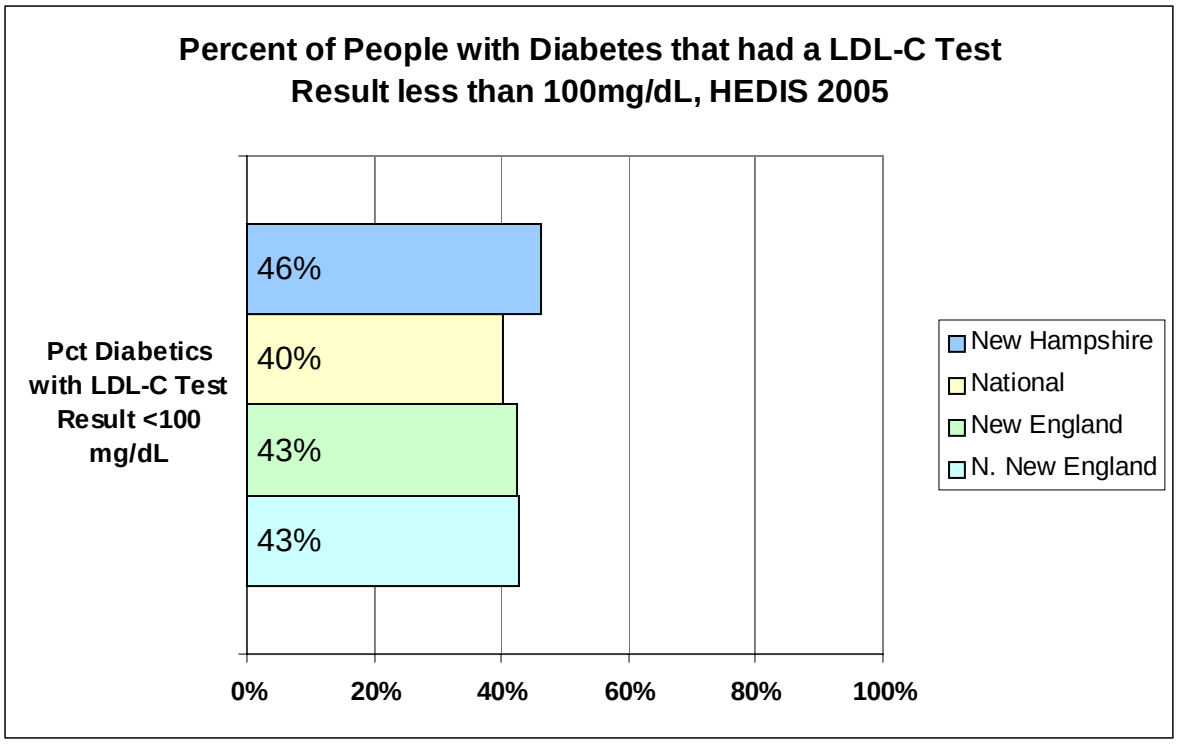
Percentage of adults aged 18-75 years old with type 1 and type 2 diabetes whose most recent serum cholesterol level (LDL-C) screening indicated their cholesterol level was controlled to less than 130 mg/dL during the measurement year.

Results

- In New Hampshire, 71% of people with diabetes who received an LDL-C test had a cholesterol level controlled to <130 mg/dL. This rate is better than the national rate of 65% and regional rates of 68%.

LDL-C less than 100 mg/dL

A lower serum cholesterol level (LDL-C) decreases a person's risk of heart disease and/or stroke. An LDL-C of less than 100mg/dL is optimal for a person with diabetes.



HEDIS Measurement Definition

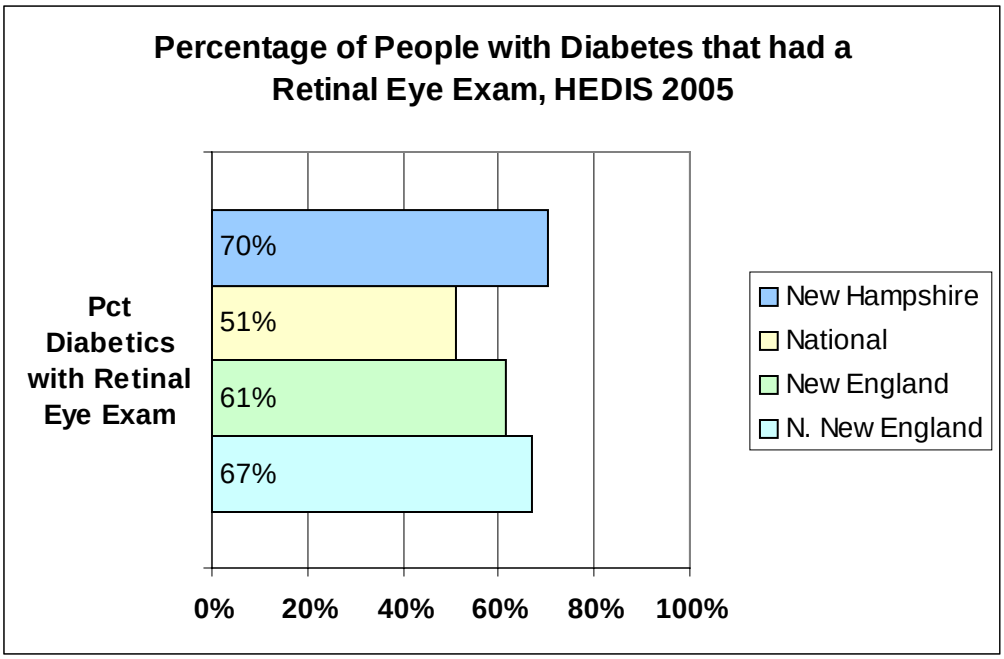
Percentage of adults aged 18-75 years old with type 1 and type 2 diabetes whose most recent serum cholesterol level (LDL-C) screening indicated their cholesterol level was controlled to less than 100 mg/dL during the measurement year.

Results

- In New Hampshire, 46% of people with diabetes who received an LDL-C test had an LDL-C <100mg/dL. This rate exceeds all three benchmark rates — the national rate of 40% and regional rates of 43%.

Eye Exams

Diabetes is the leading cause of blindness in people aged 20-74 years old (National Diabetes Fact Sheet, 2005). Estimates indicate that between 12,000-24,000 cases of blindness each year are caused by diabetic retinopathy (The State of Health Care Quality, NCQA, 2005). The American Diabetes Association recommends a dilated retinal exam for people with diabetes at yearly intervals.



HEDIS Measurement Definition

Percentage of adults aged 18-75 years old with type 1 and type 2 diabetes who had a retinal eye exam in the measurement year. This measure may also include prior year (2003) negative retinal exams when the individual is not prescribed or dispensed insulin the measurement year AND their most recent Hemoglobin A1c level is less than 8.0 in the measurement year.

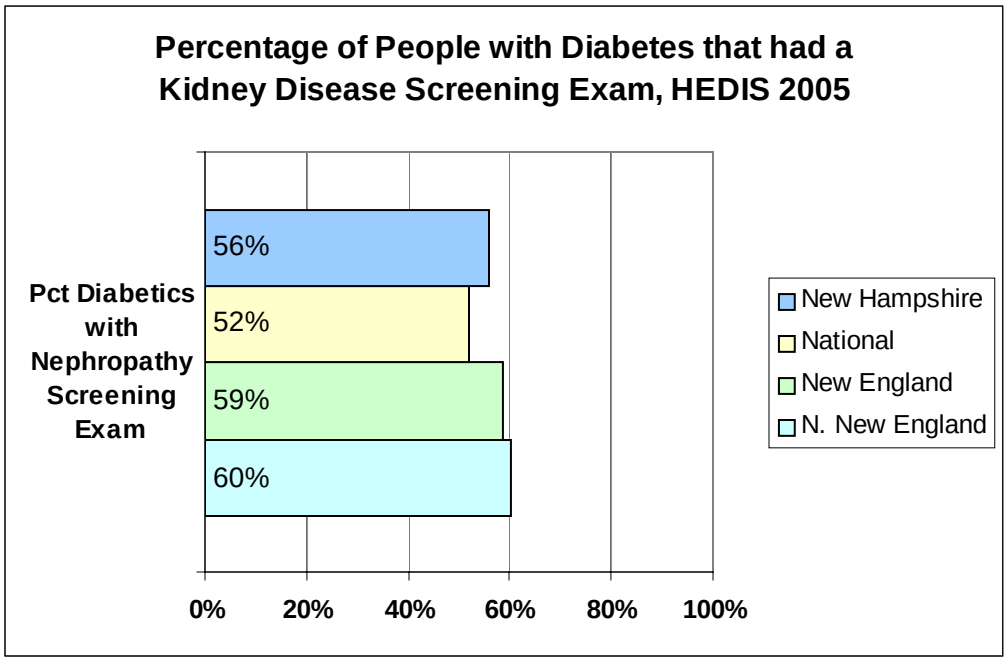
(The data available for this measure does not make it possible to determine if the exam was a dilated retinal exam, the recommended test or a negative exam in the previous year.)

Results

- In New Hampshire, 70% of the people with diabetes had an eye exam. Nationally, 51% had eye exams. New England as a whole had a rate of 61%, while northern New England had a rate of 67%.

Nephropathy Screening

Diabetes is the leading cause of kidney diseases. In 2005, 44% of people with diabetes had some form of kidney disease. Nationally in 2002, 153,730 people faced kidney dialysis treatments or kidney transplants due to complications of diabetes (National Diabetes Fact Sheet, 2005). The American Diabetes Association recommends that people with diabetes have an annual nephropathy screening (microalbuminuria) test that screens for kidney disease.



HEDIS Measurement Definition

Percentage of adults aged 18-75 years old with type 1 and type 2 diabetes who had a screening test for kidney disease or who were treated for nephropathy during the measurement year.

Results

- In New Hampshire, 56% of patients with diabetes were screened for kidney disease. New Hampshire's rate was similar to the national rate of 52%, but was below the 59% for New England and 60% for northern New England.

WOMEN'S HEALTH CARE

Women's health care needs evolve throughout their lives. Health care concerns for younger women often involves preserving fertility and, for many women, pregnancy. For older women, health care concerns focus somewhat more on prevention of cancer and chronic illnesses. HEDIS measures relating to women's health care look at women's reproductive health care during and after pregnancy, plus cancers affecting women' health.

The following review of HEDIS measure results provides information on how New Hampshire is doing at the statewide level in serving the health care needs of women. The information shown below are statewide aggregations of HEDIS measure results reported by the major private health plans serving New Hampshire residents; these reflect health care provided in the 2002-2004 time period.

Measures included in this report are breast cancer screening, cervical cancer screening, Chlamydia screening, prenatal care, and postpartum care. Benchmark data is provided for National data and two regions- New England (ME, NH, VT, CT, MA, RI) and northern New England (ME, NH, VT).

Key Findings

This analysis reviewed six HEDIS measure results relevant to health care provided to New Hampshire women. Observations of note in the data include:

- New Hampshire exceeds national average benchmarks on 4 of the 6 measures. The two measures for which New Hampshire did not exceed the national average were Chlamydia screening for women aged 16-20 years old and Chlamydia screening for women aged 21-25 years old.
- Although the state rate for Breast Cancer screening is relatively high, approximately 16% of New Hampshire women in a high-risk age category are not being screened.
- Chlamydia screening rates for New Hampshire women appear to be low, around 30%. However, these rates may not be a true indication of the actual percentage of women being screened. Many women between the ages of 16-25 receive screening tests at clinics that may offer either free screening or may not submit medical claims to insurance companies. In addition, the New Hampshire Department of Health and Human Services has implemented the Infertility Prevention Program that provides free Chlamydia screening. Therefore, it is possible that the actual rate for Chlamydia screening may be underestimated in these HEDIS measurement results.
- Only 4% of pregnant women enrolled in one of the three health plans did not receive prenatal care during their first trimester, or within 42 days of enrollment if already pregnant at the time of enrollment.

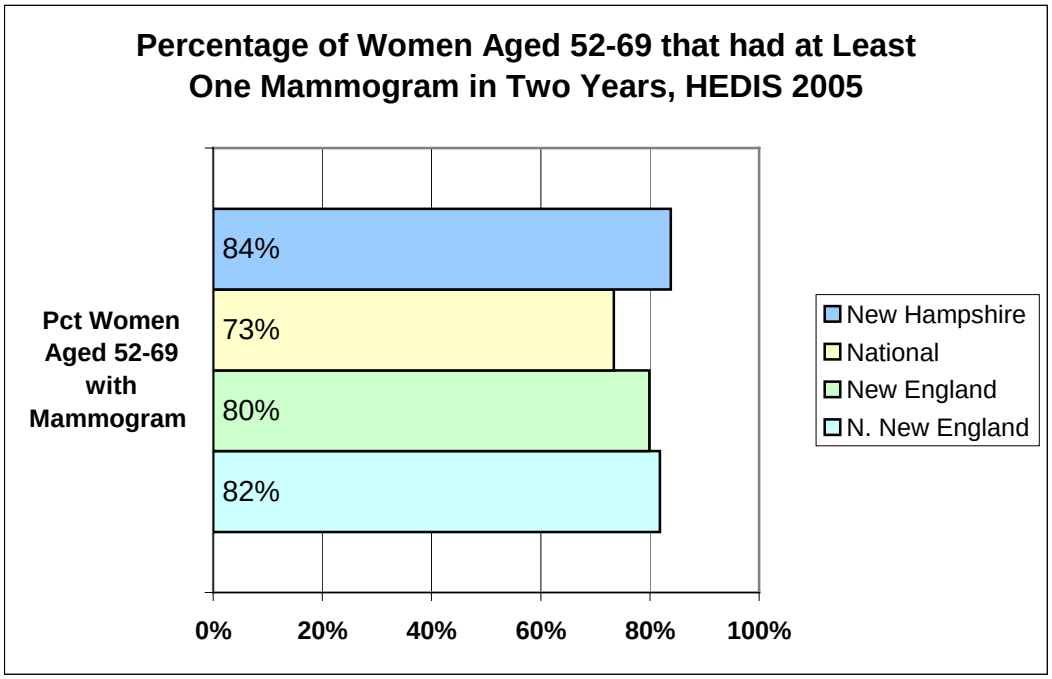
It is important to remember that the data provided in this report includes only patients who were privately (commercially) insured by Anthem, CIGNA, and Harvard during 2004. Although this data provides useful information for assessing the state of health in New

Hampshire's population, a comprehensive picture would include data on the Medicaid/Medicare population plus people with no health insurance coverage. Rates including Medicaid/Medicare and the uninsured may be different from the rates reported here for the privately insured New Hampshire population.

Breast Cancer Screening

The American Cancer Society (ACS) estimates that in the United States, 212,920 new cases of invasive breast cancer will be diagnosed in 2004. In the same year, the ACS estimates nationwide 40,970 people will die from invasive breast cancer. (www.cancer.org/docroot/lrn/lrn_0.asp).

Research has shown that early detection of breast cancer can dramatically improve a women's chance of survival and becoming free of cancer. Experts agree that mammograms are the best way to detect the earliest, most treatable stage of breast cancer. The National Institute of Health's National Cancer Advisory Board recommends that women over the age of 50 receive a mammogram every 1-2 years.



HEDIS Measurement Definition

Percentage of women aged 52-69 who had at least one mammogram in the past two years.

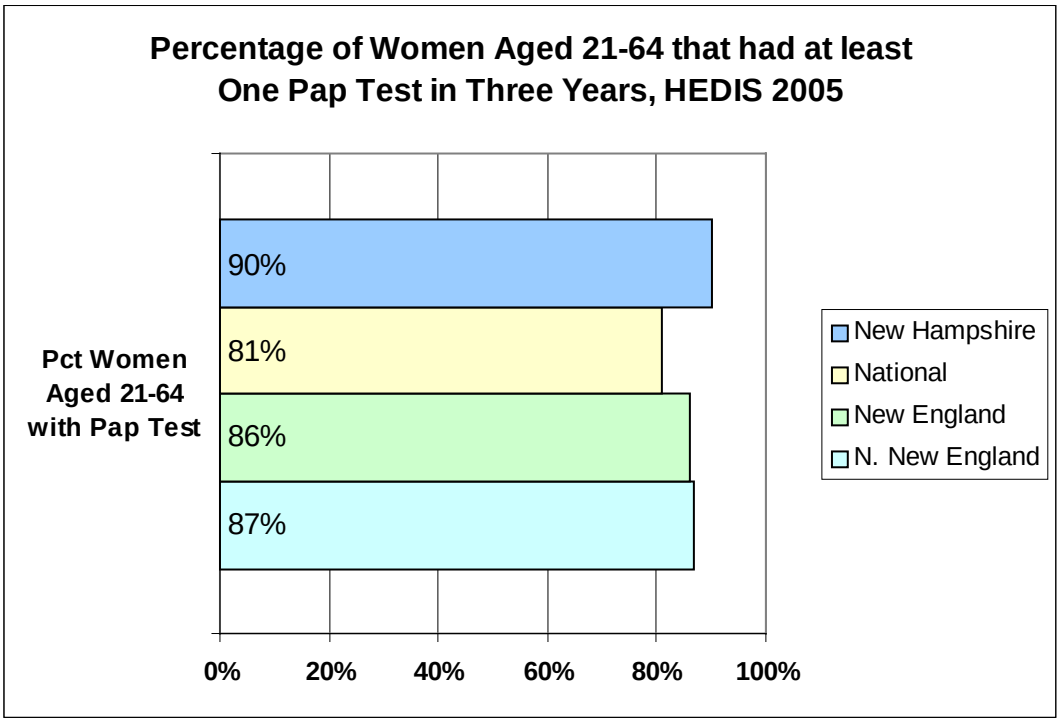
Results

- In New Hampshire, 84% of women aged 52-69 had at least one mammogram in the past two years. This rate is higher than the national rate of 73% and the New England rate of 80%. The New Hampshire rate is slightly higher than the Northern New England rate of 82%.

Cervical Cancer Screening

According to the Centers for Disease Control and Prevention, 12,085 women were newly diagnosed with invasive cervical cancer in 2002. Nearly 4,000 women died the same year from invasive cervical cancer. (U.S. Cancer Statistics, 1999-2002: Incidence and Mortality Report, CDC).

The best method of screening for cervical cancer is a Pap test. The United States Preventative Task Force (USPSTF) recommends that women receive a Pap test at least every 3 years within 3 years of onset of sexual activity, or age 21, whichever comes first (http://www.cdc.gov/cancer/cervical/basic_info/screening/)



HEDIS Measurement Definition

Percentage of women aged 21-64 who had at least one Pap test in the past three years.

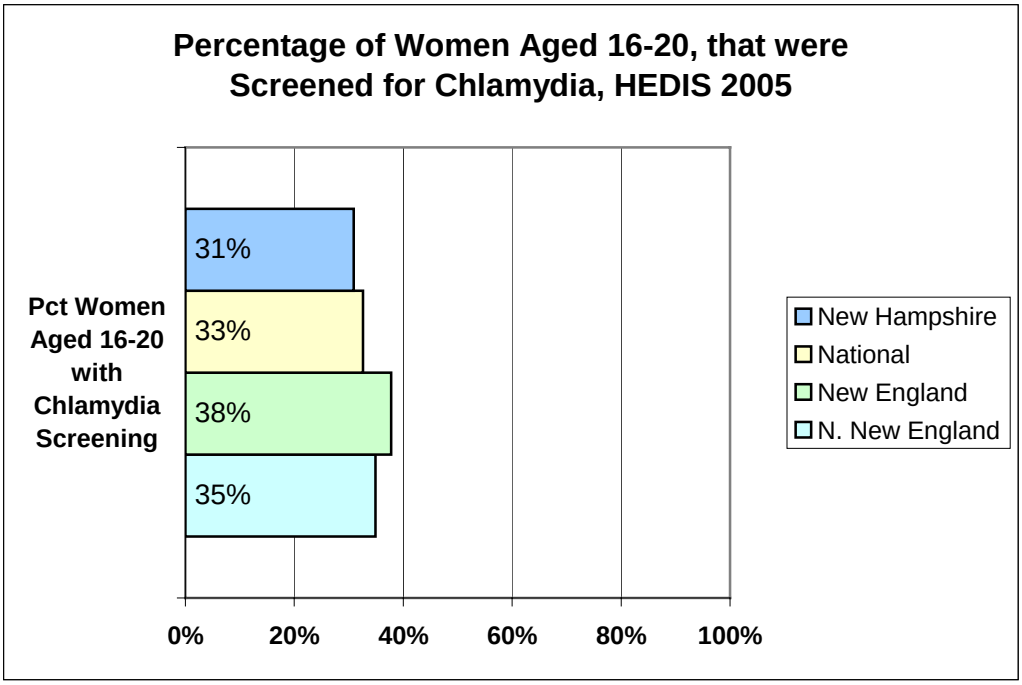
Results

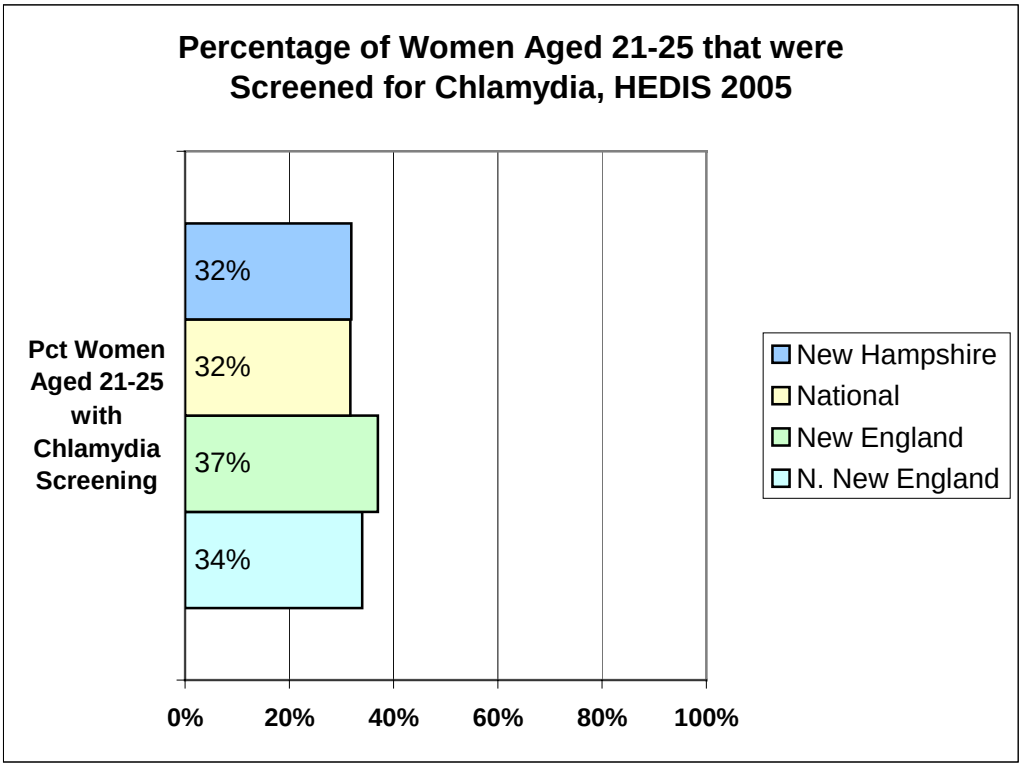
- In New Hampshire 90% of women aged 21-64 had at least one Pap test in the past three years. This rate is higher than the national rate of 81% and both regional rates of 86% for New England and 87% for Northern New England.

Chlamydia Screening

Chlamydia is the most commonly reported sexually transmitted disease in the United States. In 2004, 929,462 cases of Chlamydia were reported in the country (STD Surveillance Report 2004, CDC).

Although Chlamydia can cause permanent damage to the reproductive organs including infertility, symptoms can be mild or absent in women. Therefore, regular screening of sexually active women is imperative.





HEDIS Measurement Definition

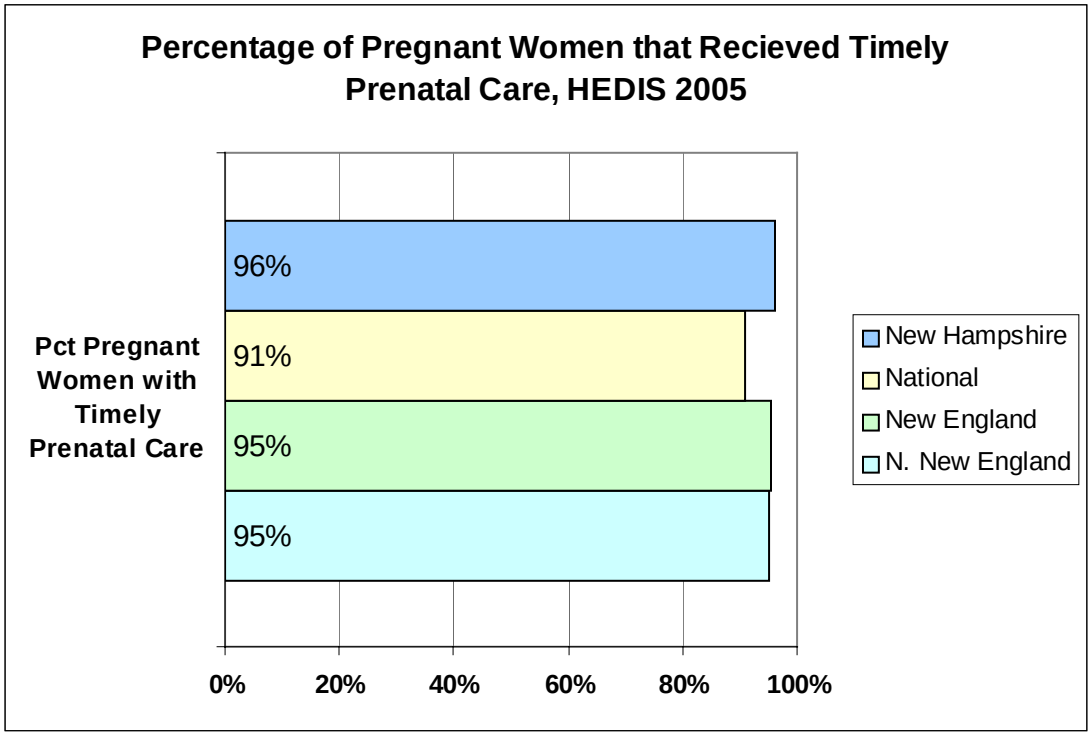
Percentage of sexually active female members aged 16-20 years and 21-25 years who had at least one test for Chlamydia during the measurement year.

Results

- In New Hampshire, 31% of women aged 16-20 were screened for Chlamydia. This rate was below the national rate of 33% as well as the regional rates of 38% for New England and 35% for Northern New England.
- In New Hampshire, 32% of women aged 21-25 were screened for Chlamydia. This rate was the same as the national rate of 32%. New Hampshire's rate was below the regional rates. New England's rate was 37%, while Northern New England's rate was 35%.

Prenatal Care

Timely prenatal care is important to a healthy birth and newborn. During the prenatal care time period, a series of screenings and tests normally are conducted in order to determine the need for additional medical interventions. Studies have shown that appropriate prenatal care can greatly reduce the risk of low birth weight, infant mortality, and other complications.



HEDIS Measurement Definition

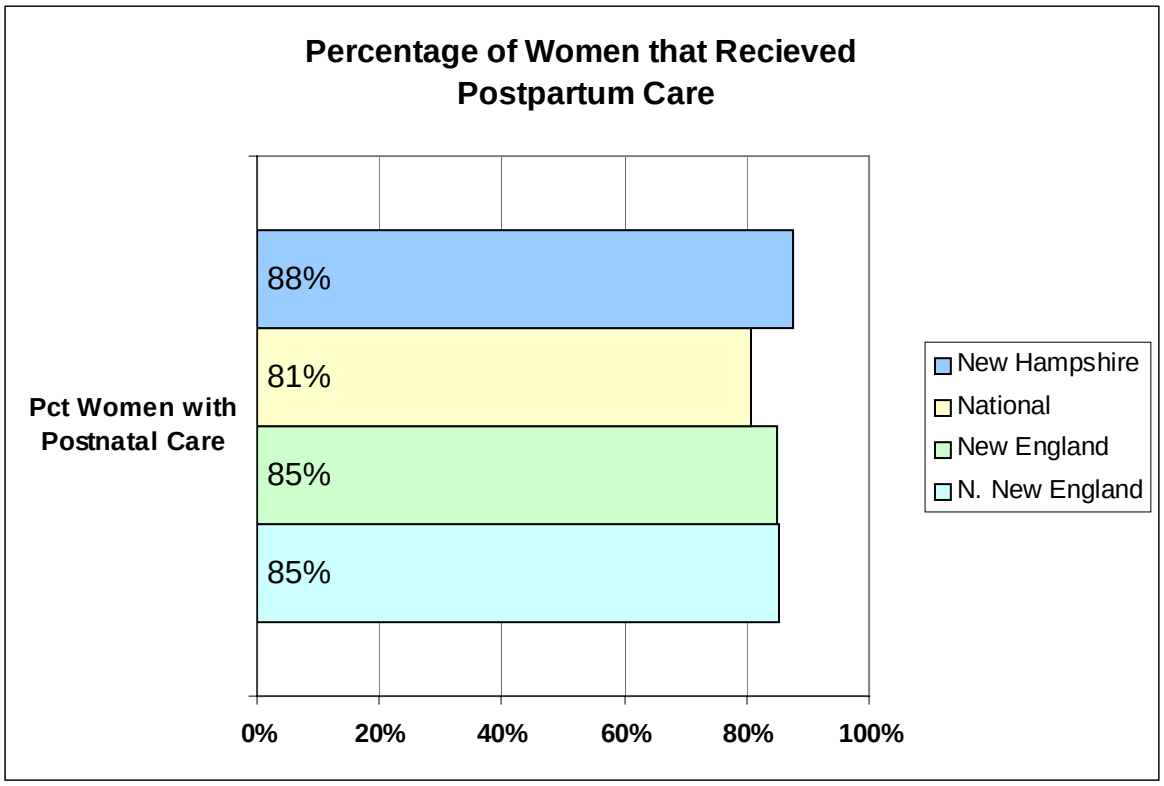
Percentage of women beginning their prenatal care during their first trimester of pregnancy, or within 42 days of enrollment if already pregnant at the time of enrollment.

Results

- In New Hampshire, 96% of women began prenatal care early in their pregnancy. The New Hampshire rate exceeds the national rate of 91% and is similar to both regional rates of 95%.

Postpartum Care

Pregnancy care does not end with the birth of the child. Postpartum care is a standard of care provided to women after delivery. A medical visit post-delivery typically includes a pelvic exam, evaluation of weight, blood pressure, breasts and abdomen and screening for postpartum depression and assessing birth control needs.



HEDIS Measurement Definition

Percentage of women who had a visit to a health care provider on or between 21 days and 56 days after delivery.

Results

- In New Hampshire, 88% of women received postpartum care visits. The New Hampshire rate exceeds the national rate of 81% as well as both regional rates of 85%.

MENTAL HEALTH & SUBSTANCE ABUSE HEALTH CARE

Mental health and substance abuse disorders are increasingly common health conditions, and are often seen together as co-morbid health conditions. Approximately 26.2% of Americans, or 1 out of 4 people aged 18 and older, suffer from a diagnosed mental health disorder in a given year (The Numbers Count, National Institutes of Mental Health, 2006). According to the 2004 National Survey on Drug Use and Health Report, nearly 22.5 million people or 9.4% of the United States population aged 12 years and older were diagnosed with substance dependence or abuse.

Mental health disorders range from mild depression to the more serious disorder of schizophrenia. Substance abuse, like mental health, is a broad category that encompasses a number of diagnoses, including alcoholism and addiction to prescription medications.

The National Survey on Drug Use and Health measured the relationship between mental health disorders and substance abuse. According to the report, substance abuse/dependence is more prevalent among people who have had a major depression episode (MDE), at 22% of survey respondents with major depression, compared to just 8.6% of survey respondents without MDE.

The following review of HEDIS measure results provides information on how New Hampshire is doing at the statewide level in serving the health care needs of the patients with mental health and substance abuse disorders. The information shown below are statewide aggregations of HEDIS measure results reported by the major private health plans serving New Hampshire residents; these reflect health care provided in the 2003-2004.

Measures included in this report are: antidepressant medication management, follow-up after hospitalization for mental illness, mental health utilization, and chemical dependency utilization. Benchmark data is provided for National data and two regions: New England region (ME, NH, VT, CT, MA, RI) and northern New England (ME, NH, VT).

Key Findings

This analysis reviewed five categories of HEDIS measure results relevant to health care provided to people in New Hampshire with mental health and substance abuse disorders. Observations of note in the data include:

- Compared to national data, New Hampshire had a slightly higher rate of mental health hospital inpatient discharges per 1,000 members and a slightly higher ALOS. Compared with the New England and northern New England regions, New Hampshire had a similar rate of discharges but a lower ALOS.

- New Hampshire exceeded the national and regional rates for patients who receive follow-up after hospitalization for a mental health condition.

- New Hampshire favorably exceeded the national and regional rates for people diagnosed with depression that were prescribed and remained on an antidepressant drug for the entire 84-day acute phase and for at least the 180-day continuation phase.

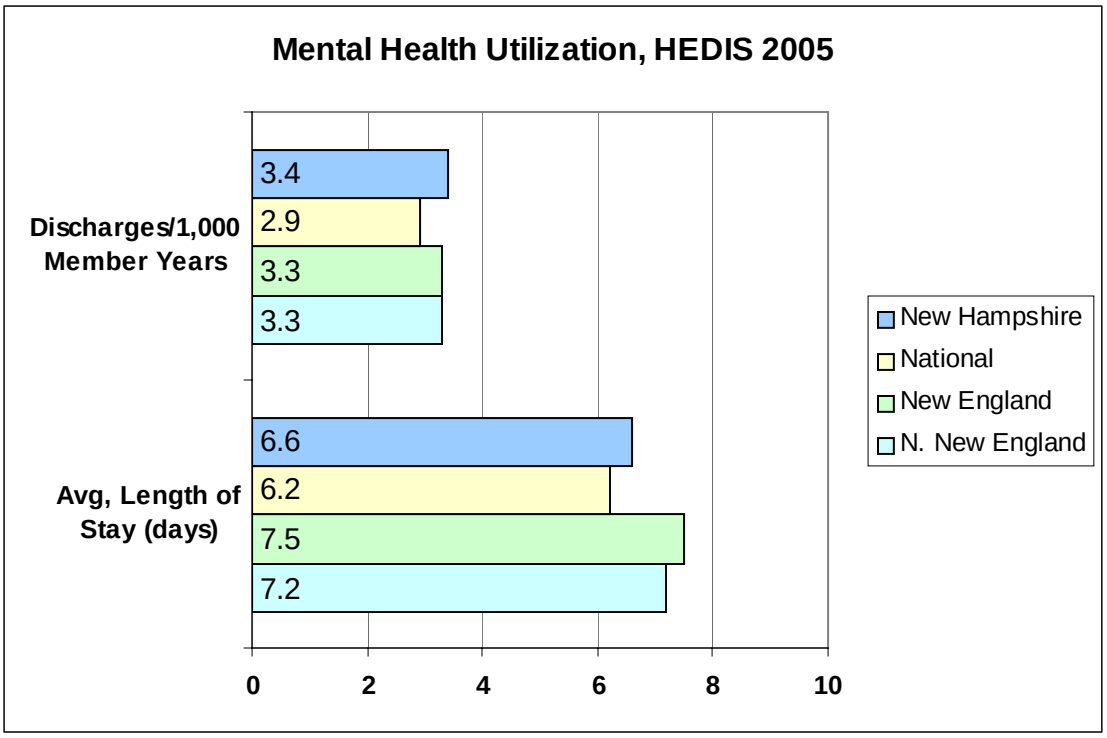
- In New Hampshire, 28% of depression patients received at least 3 follow-up visits with a health care practitioner. This rate was favorably higher than the national rate, but slightly lower than both regional benchmarks. This means that three quarters of the patients who were treated with an antidepressant for a diagnosis of depression did not receive at least 3 follow-up visits with their health care professional for a mental health diagnosis with at least one of them with their prescribing health care professional.

- For chemical dependency patients, New Hampshire's rate of 1.0 hospital inpatient discharges per 1,000 member years, and the New Hampshire ALOS of 4.8 days were lower than the nation and both regional benchmarks.

It is important to remember that the data provided in this report include only patients who were privately (commercially) insured by Anthem, CIGNA, and Harvard during 2004. Although this data provides useful information for assessing the state of health in New Hampshire's population, a comprehensive picture would include data on the Medicaid/Medicare population plus people with no health insurance coverage. Rates including Medicaid/Medicare and the uninsured may be different from the rates reported here for the privately insured New Hampshire population.

Mental Health Utilization

Many mental health disorders can be managed effectively through outpatient care including prescription drug management by a primary care provider and counseling with a trained professional. People with serious mental health disorders, especially those who attempt suicide, typically receive treatment in a hospital inpatient setting. Inpatient settings may include acute treatment at a general medical hospital or longer-term treatment at a mental health hospital.



HEDIS Measurement Definition

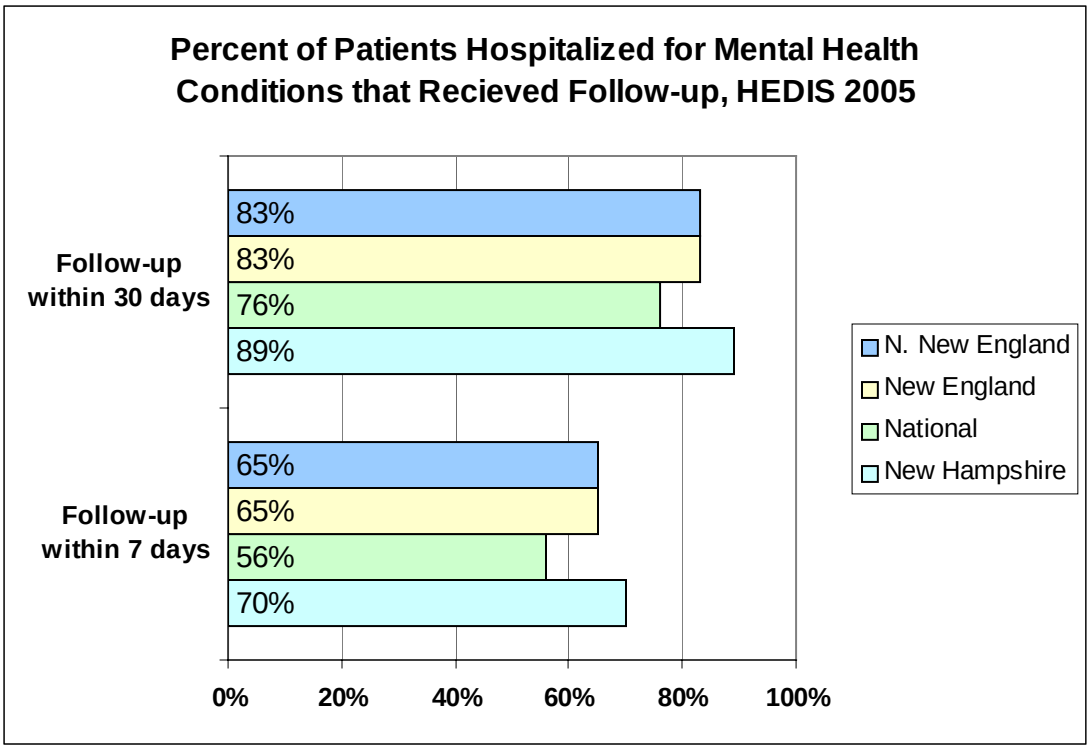
Summary of inpatient mental health services utilization including the number of hospital inpatient discharges per 1,000 member years and ALOS in days.

Results

- New Hampshire's inpatient mental health discharge rate of 3.4 discharges/1000 was slightly higher than the national and both regional rates.
- New Hampshire experienced an ALOS of 6.6 days for mental health-related stays. This average slightly exceeds the national ALOS of 6.2 days, but is lower than the 7.5 ALOS for New England and the 7.2 ALOS for northern New England.

Follow-up After Hospitalization for Mental Illness

Most serious cases of mental illnesses are hospitalized for determining proper diagnosis, observation, prescription of appropriate medications, and referral to outpatient mental health services, such as counseling. Serious cases include people who pose a threat to others or themselves. Appropriate follow-up care after hospitalization can reduce the rate of re-hospitalization and ensure patients are accessing needed services (The State of Health Care Quality, NCQA, 2005).



HEDIS Measurement Definition

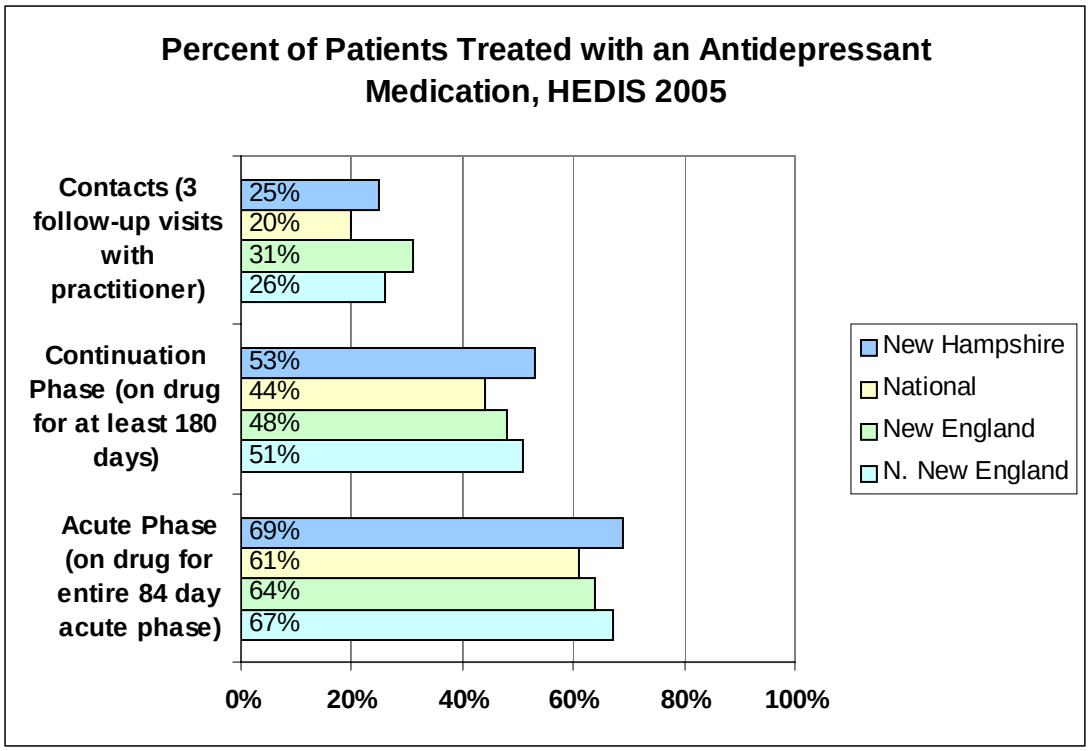
Percentage of children and adults aged 6 years and older who received inpatient treatment for a mental health disorder and who had an ambulatory or other specified type of follow-up visit within 7 and 30 days after hospital discharge.

Results

- New Hampshire's percentage of patients with ambulatory follow-up after a hospitalization for a mental health condition was 70% within 7 days after hospitalization, and 89% for within 30 days. These rates favorably exceeded both the national and New England regional rates.

Antidepressant Medication Management

Over 14 million people in the United States are suffering from major depressive disorder (MDD) making MDD the leading cause of disability in the country for people between the ages of 15-44 years old (The Numbers Count, National Institute of Mental Health, 2006). Depression is often seen as a co-morbidity with other chronic conditions such as diabetes, cardiovascular disease, and HIV/AIDS. Appropriate medication management is an important strategy in helping to treat a person's depression.



HEDIS Measurement Definition

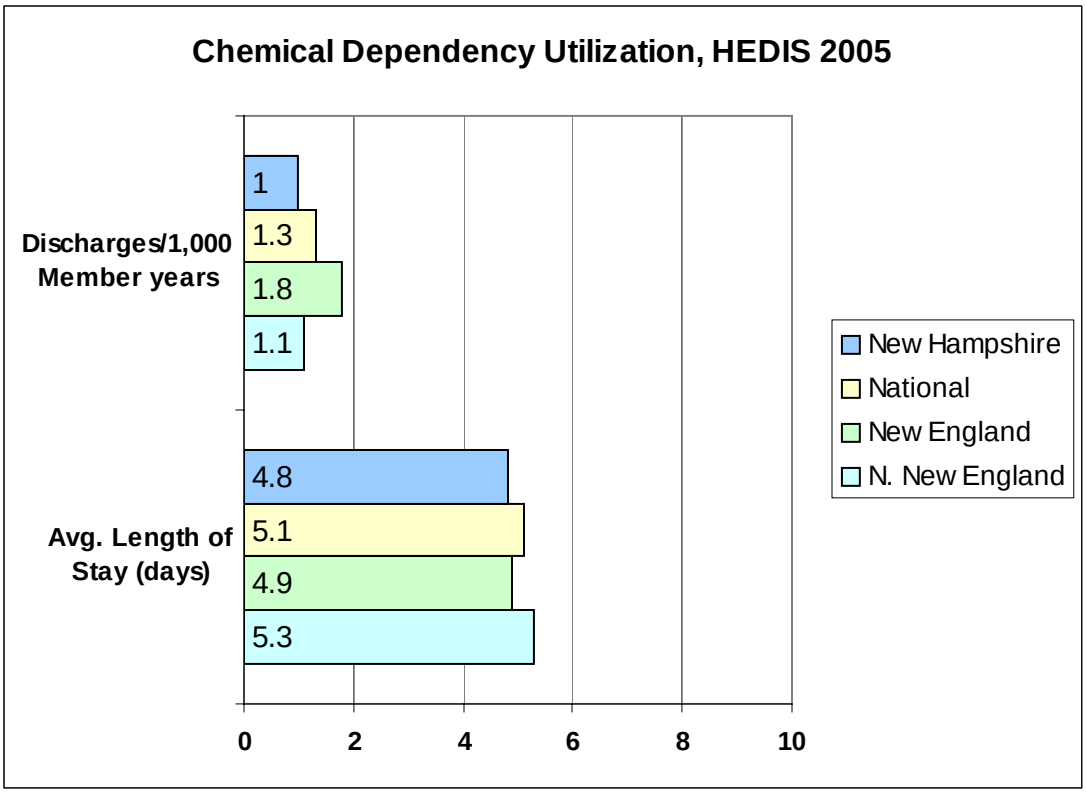
Percentage of adults aged 18 and older who were diagnosed with a new episode of depression, treated with an antidepressant medication, and who remained on an antidepressant drug: 1) during the entire 84-day acute phase treatment (Acute), 2) for at least the 180 day continuation phase treatment (Continuation), and 3) and who had at least 3 follow-up contacts with a primary care practitioner or mental health practitioner with a mental health diagnosis with at least one with the prescribing practitioner during the 84-day acute treatment phase.

Results

- In New Hampshire approximately 25% of members with depression received 3 follow-up visits during the acute phase. Though this rate is favorably above the national rate of 20%, it is slightly below the New England rate of 31% and the northern New England rate of 26%.
- In New Hampshire approximately 53% of members with depression remained on an antidepressant drug for at least the 180-day continuation phase. This is compared favorably to a lower national rate of 44%, lower New England rate of 48%, and a lower northern New England rate of 51%.
- In New Hampshire 69% of members remained on an antidepressant drug during the entire 84-day acute phase. This is compared favorably to a lower national rate of 61%, lower New England rate of 64%, and a lower northern New England rate of 67%.

Chemical Dependency Utilization

Like mental health conditions, some with serious substance abuse or chemical dependency disorders receive treatment through a hospital inpatient setting. Inpatient settings may be a hospital or another facility providing inpatient dependency treatment.



HEDIS Measurement Definition

Summary of inpatient mental health services utilization including the number of hospital inpatient discharges per 1,000 members and ALOS in days.

Results

- New Hampshire's inpatient chemical dependency discharge rate of 1.0 discharges/1000 was lower than the national and both regional rates.
- New Hampshire experienced an ALOS of 4.8 days for chemical dependency related stays. This average was slightly lower than the national ALOS of 5.1 days, the New England rate of 4.9 and the northern New England rate of 5.3 days.

HOSPITAL UTILIZATION

Measures of hospital utilization allow consumers, health care payers, health care planners, health care administrators, and others to monitor and better understand the use of health care services in the hospital setting. Comparing hospital utilization to selected benchmarks can help to identify potential areas of under- or over-use, and may lead to interventions targeted at changing patterns of undesirable utilization. Most often, hospital utilization is measured as inpatient discharges per 1000 members enrolled, number of patient days per 1000 members enrolled, average length of inpatient stay, and ambulatory outpatient visits per 1000 members enrolled.

The following review of HEDIS measure results provides information on New Hampshire's hospital utilization and compares the state's rates to national and regional benchmarks. The information shown below are statewide aggregations of HEDIS measure results reported by the major private health plans serving New Hampshire residents; these reflect health care provided in the 2003-2004.

Measurement categories included in this report are: inpatient utilization; ambulatory outpatient utilization; inpatient utilization for maternity care; and inpatient utilization for newborn care. Benchmark data is provided for national data and two regions- New England (ME, NH, VT, CT, MA, RI) and northern New England (ME, NH, VT).

Key Findings

This analysis reviewed four categories of HEDIS measure results relevant to hospital utilization in New Hampshire. Observations of note in the data include:

- New Hampshire's hospital inpatient utilization, as measured by the inpatient discharge rate per 1000 enrolled member years, was lower than all three national and regional benchmark rates. This result was seen for all four types of inpatient care: total, medical, surgical, and maternity inpatient discharges.

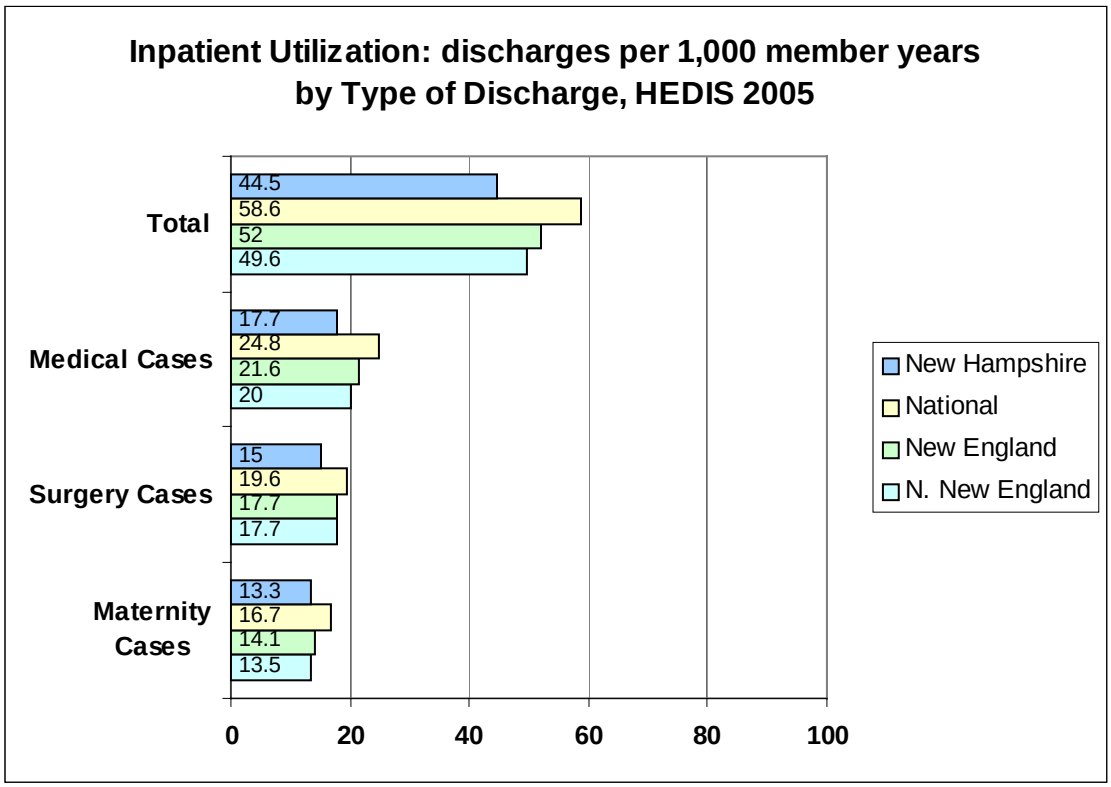
- In contrast to inpatient utilization rates, New Hampshire's ambulatory outpatient visit rates per 1000 enrolled members were higher than all three national and regional benchmarks for total outpatient visits, emergency room visits, outpatient surgeries/procedures and observation room stays.

- New Hampshire's maternity inpatient care discharge rate was lower than the national benchmark, but was similar to regional benchmarks. Maternity ALOS was slightly shorter than all three benchmarks.

- New Hampshire's newborn inpatient care discharge rate was slightly lower than the national benchmark, but was similar to regional benchmarks. The Newborn ALOS was similar across all three benchmarks.

Inpatient Utilization

According to the 2003 National Hospital Discharge Survey, there were 34.7 million discharges and 43.8 million procedures done in the inpatient setting in the United States. The survey reports a discharge rate for all populations regardless of insurance status of 1,199.7 discharges/10,000 of the population. Approximately 8.6% of people had an overnight hospitalization in 2003.



HEDIS Measurement Definition

Summary of utilization of acute inpatient services in the following categories: total services, medicine, surgery, and maternity.

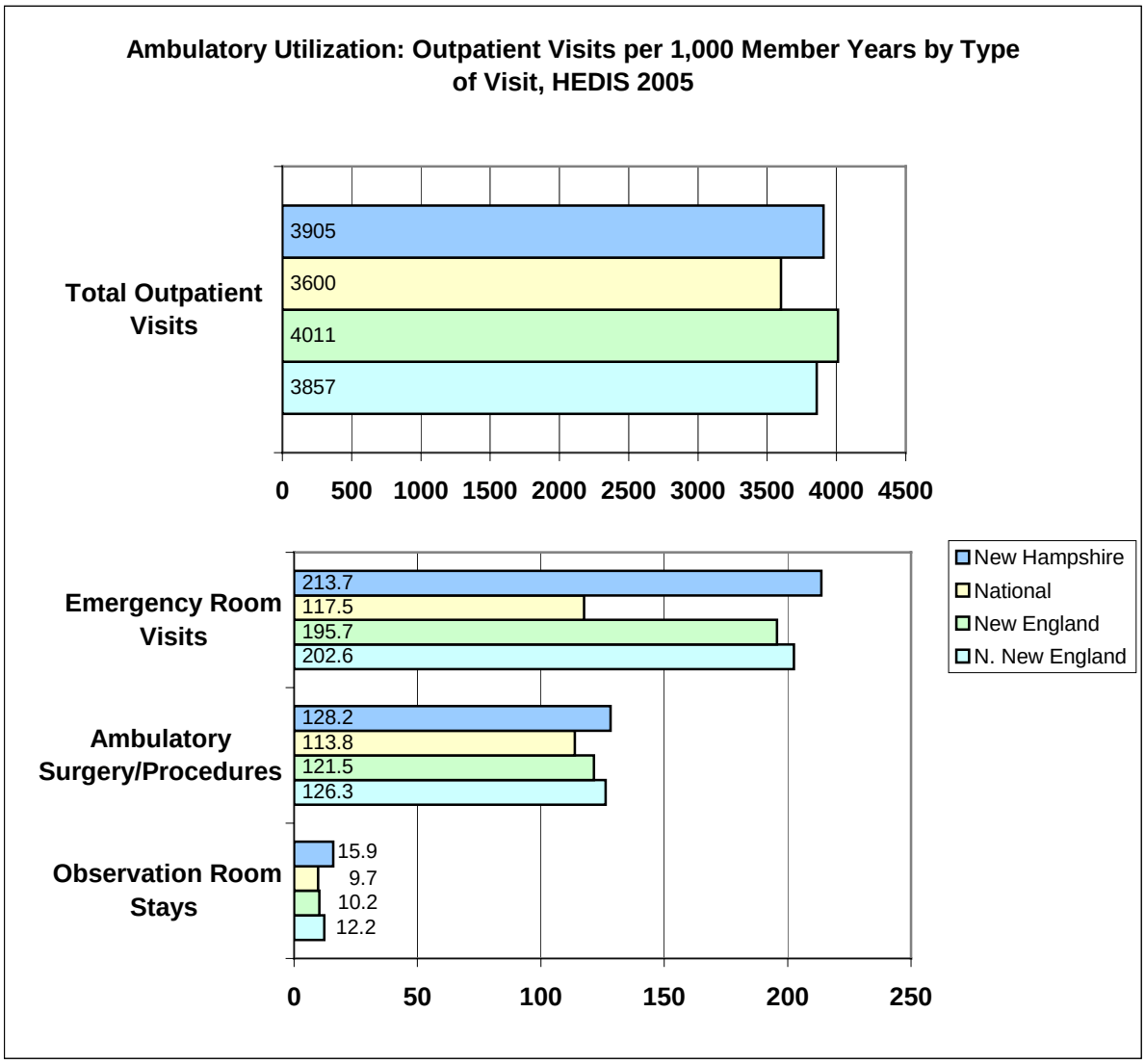
Results:

- New Hampshire's total inpatient discharge rate of 44.5 discharges per 1,000 member years was below all three benchmark rates: national rate at 58.6; New England at 52.0; and northern New England at 49.6.
- Similar to rates for total discharges, New Hampshire's inpatient discharge rate for Medical cases of 17.7 discharges per 1,000 member years was below all three benchmark rates: national rate at 24.8; New England at 21.6; and northern New England at 20.0.
- Similar to rates for total discharges, New Hampshire's inpatient discharge rate for surgical cases of 15.0 discharges per 1,000 member years was below all three benchmark rates: national rate at 19.6; New England at 17.7; and northern New England at 17.7.

- New Hampshire rate for Maternity inpatient discharges of 13.3 discharges per 1,000 member years was lower than the national rate of 16.7, but was very similar with the rates for New England at 14.1 and northern New England at 13.5.

Ambulatory Care – Outpatient Visits

Ambulatory care includes health care services provided on an outpatient basis without the need for a hospital overnight stay. Ambulatory care includes such services as day surgeries, emergency rooms; urgent care centers, specialty clinics, etc. Emergency room care is normally considered a component of ambulatory outpatient utilization.



HEDIS Measurement Definition

Summary of utilization of ambulatory or outpatient services in the following categories: outpatient visits, emergency department visits, ambulatory surgery/procedures performed

in hospital/outpatient facilities/freestanding surgical centers, and observation room stays (ending in ambulatory release).

Results

- New Hampshire's rate of 3,905 outpatient visits per 1,000 members was higher than the national rate of 3,600 visits per 1,000 member years. The state's rate was fairly similar to the New England rate of 4,011 and the northern New England rate of 3,857 visits per 1,000 member years.
- New Hampshire's rate of 213.7 emergency room visits per 1000 member years was considerably higher than the national rate of 177.5 visits/1,000 member years. New Hampshire emergency room rate was slightly higher than both the New England rate of 195.7 and the northern New England rate of 202.6 visits/1,000 member years.
- New Hampshire's rate of 128.2 ambulatory surgeries/procedures per 1,000 member years exceeded the national rate of 113.8, and was slightly higher than the New England rate of 121.5 and the northern New England rate of 126.3 surgeries/procedures per 1,000 member years.
- New Hampshire's rate of 15.9 observation stays per 1,000 member years (ending in ambulatory release) was higher than all three benchmarks: national rate at 9.7; New England rate at 10.2; and northern New England at 12.2 stays/1,000 member years.

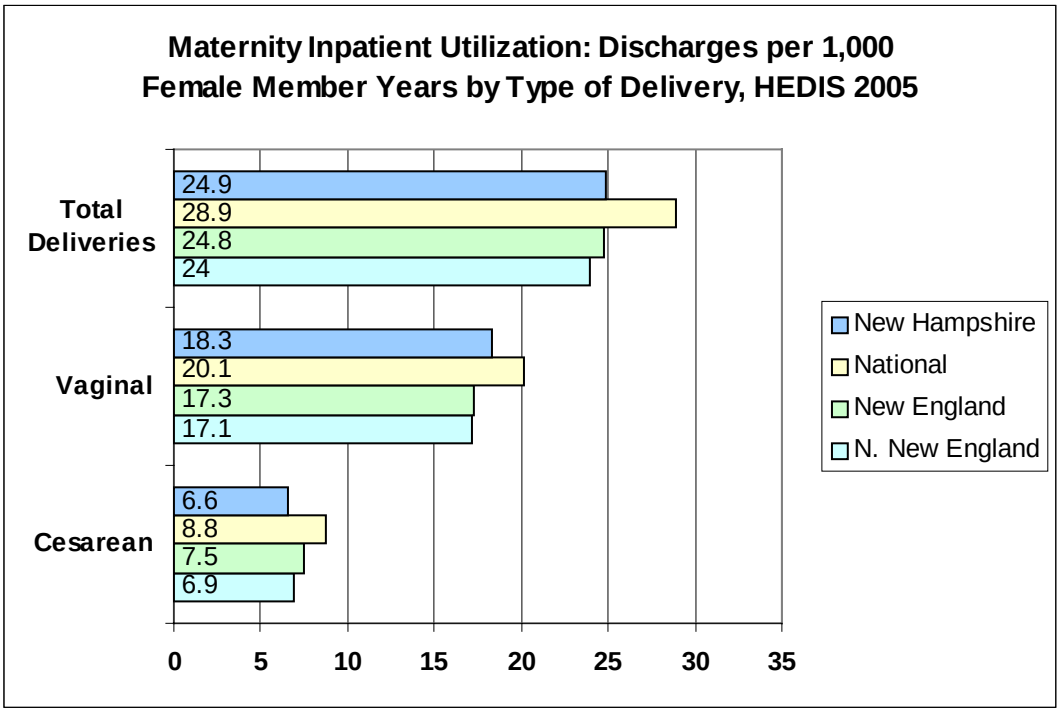
Inpatient Utilization for Maternity Care

Proper maternity care is crucial to the health of mother and newborn. Maternity care is provided to the mother during labor, delivery, and the first 24-48 hours after birth. Care provided to the mother following delivery is important for monitoring health recovery, identifying complications and infections, and assisting with newborn care needs.

In 1995, the federal government enacted legislation that required health insurance companies to cover minimum stays for women who just gave birth, to assure adequate time for recovery. As a result the ALOS increased. A 2003 Hospital Discharge Survey reported that two- and three-day hospital stays increased from 54% of all maternity stays in 1995 to 64% of maternity stays in 1997.

HEDIS measures assess inpatient care for maternity by both the inpatient utilization rate of maternity discharges and the length of the mother's stay (the measure only relies on hospital stays and does not include data from care delivered in birthing facilities or home births).

Maternity Inpatient Discharge Rate



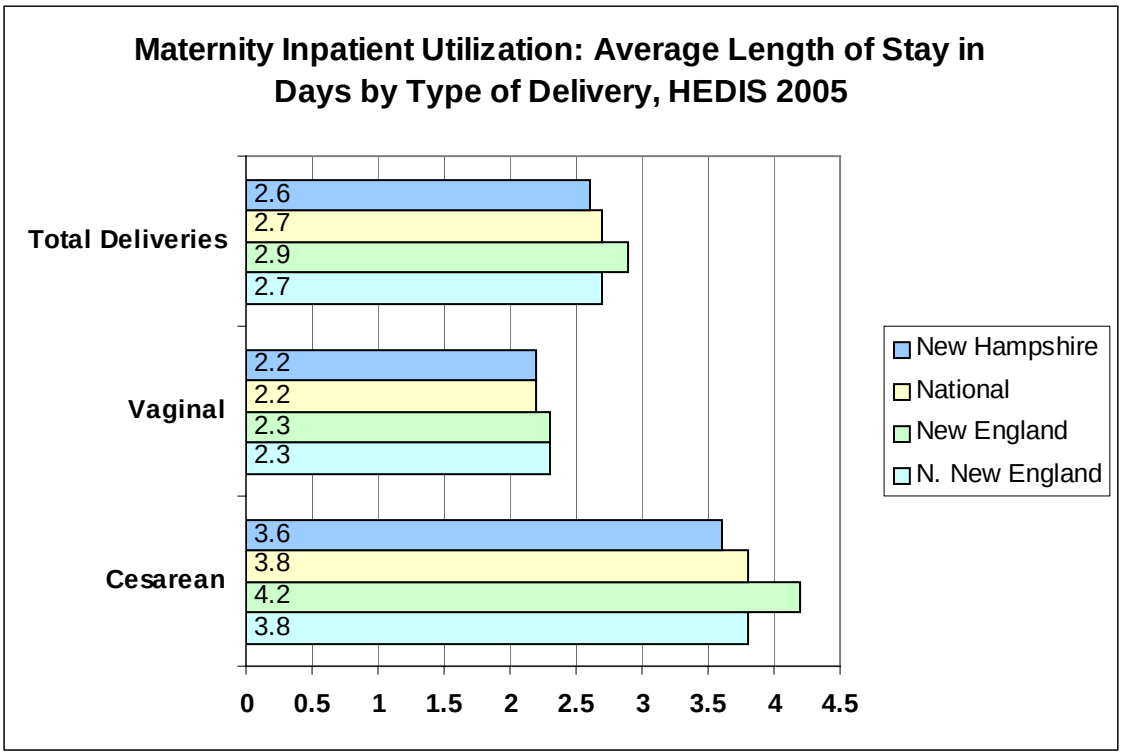
HEDIS Measurement Definition

Summary of inpatient utilization of maternity-related care for women who had a live birth during the measurement year. Maternity inpatient discharge rates are reported for total deliveries and the sub-categories of vaginal delivery and Cesarean section delivery.

Results

- New Hampshire's rate of 24.9 maternity discharges per 1,000 female member years for total deliveries was lower than the national rate of 28.9 discharges/1,000 female member years. However, New Hampshire's maternity discharge rate was fairly similar to the regional rates of 24.8 for New England and 24.0 for northern New England.
- Similar to the total maternity discharge rate, New Hampshire's rate of 18.3 vaginal delivery discharges per 1,000 female member years was lower than national rate of 20.1, but was fairly similar to the regional rates of 17.3 for New England and 17.1 for northern New England.
- Similar to the total maternity discharge rate, New Hampshire's rate of 6.6 Cesarean delivery discharges per 1,000 female member years was lower than national rate of 8.8, but was fairly similar to the regional rates of 7.5 for New England and 6.9 for northern New England.

Maternity Inpatient Length of Stay



HEDIS Measurement Definition

Summary of inpatient utilization of maternity-related care for women who had a live birth during the measurement year. Maternity inpatient lengths of stay are reported for total deliveries and the sub-categories of vaginal delivery and Cesarean section (also known as c-section) delivery.

Results

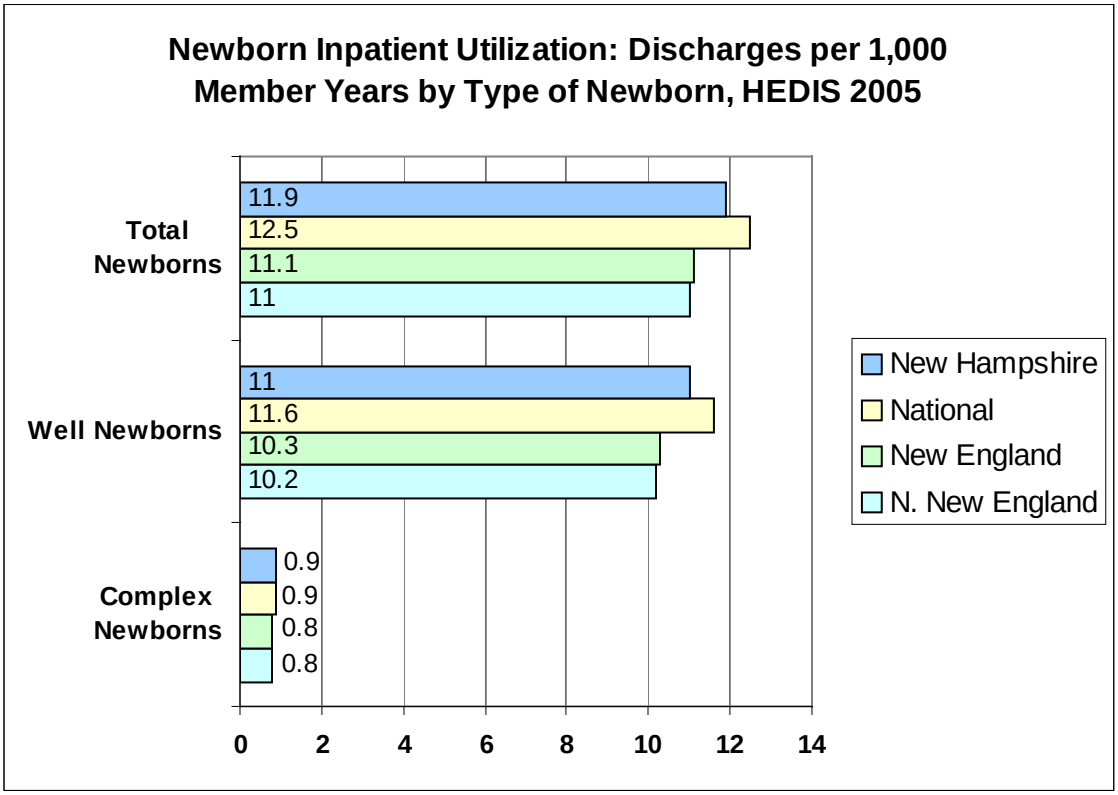
- New Hampshire's ALOS for total inpatient deliveries is nearly the same as all three benchmarks.
- New Hampshire's ALOS for vaginal inpatient deliveries is nearly the same as all three benchmarks.
- New Hampshire's ALOS for Cesarean section deliveries at 3.6 days is slightly shorter than all three benchmark lengths of stays: national ALOS of 3.8 days; New England ALOS of 4.2 days; and northern New England ALOS of 3.8 days.

Inpatient Utilization for Newborn Care

Approximately 14,000 live births occur in New Hampshire each year. The majority of newborns are considered healthy or 'well'. A small number of newborns are considered 'complex' newborn cases due to serious health conditions such as prematurity and low birth weight.

HEDIS measures assess inpatient care for newborns by both the inpatient utilization rate of newborn discharges and the length of the newborn's stay.

Newborn Inpatient Discharge Rate



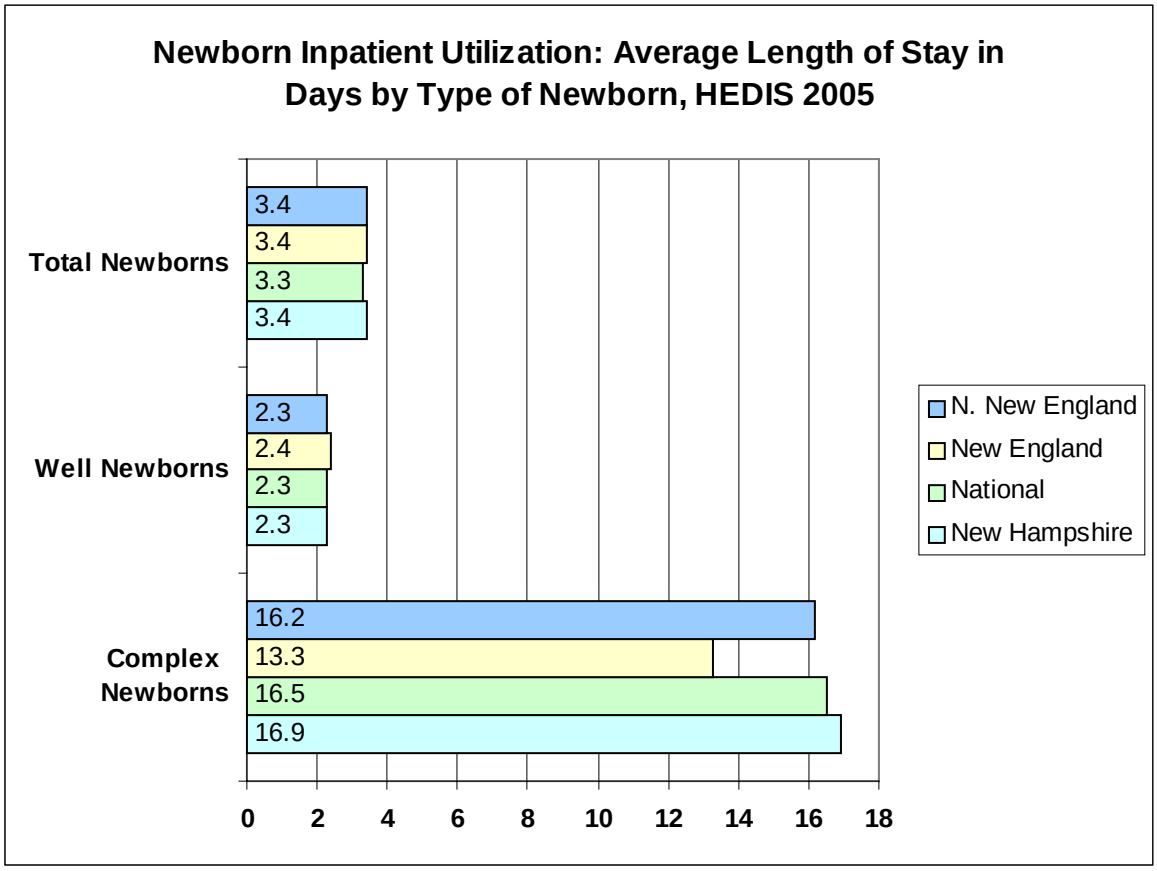
HEDIS Measurement Definition

Summary of inpatient utilization for newborns during the measurement year. Newborn inpatient discharge rates are reported for total newborns and the sub-categories of well newborns and complex newborns.

Results

- Quite similar to the utilization seen for maternity care, New Hampshire's rate of 11.9 total newborn discharges per 1,000 member years was lower than the national rate of 12.5 discharges/1,000 member years, but was slightly higher than the regional rates of 11.1 for New England and 11.0 for northern New England.
- Mirroring utilization seen for total newborns, New Hampshire's rate of 11.0 well newborn discharges per 1,000 member years was lower than national rate of 11.6, but was slightly higher than the regional rates of 10.3 for New England and 10.2 for northern New England.
- New Hampshire's rate of 0.9 complex newborn discharges per 1,000 member years was very similar to all three benchmark rates: national rate of 0.9; New England at 0.8; and northern New England at 0.8 complex newborn discharges per 1,000 member years.

Newborn Inpatient Length of Stay



HEDIS Measurement Definition

Summary of inpatient utilization for newborns enrolled in a health plan during the measurement year. Newborn inpatient lengths of stay are reported for total newborns and the sub-categories of well newborns and complex newborns.

Results

- New Hampshire's ALOS for total newborns is nearly the same as all three benchmarks.
- New Hampshire's ALOS for well newborns nearly the same as all three benchmarks.
- New Hampshire's ALOS for complex newborns at 16.9 days is slightly longer than all three benchmark lengths of stays: national ALOS of 16.5 days; New England ALOS of 13.3 days; and northern New England ALOS of 16.2 days.

APPENDIX: HEDIS MEASURE DATA SUBMITTED TO NH CHIS BY PRIVATE HEALTH PLANS SERVING NEW HAMPSHIRE, BENCHMARKED WITH NATIONAL, NEW ENGLAND, AND NORTHERN NEW ENGLAND AVERAGES

Health Plan Employer Data & Information Set (HEDIS)
2005 Reporting Year (2004 Data Year)

The following statistics are based upon the national guidelines for HEDIS reporting, set by the National Committee for Quality Assurance (NCQA). Annually, Health plans analyze their claims and medical chart data to calculate rates based on strict NCQA criteria. Managed care health plans voluntarily send their data to NCQA annually. NCQA calculates rates for national and regional breakdowns. The rates are published in the NCQA report "The State of Health Care Quality".

Under New Hampshire law (RSA 420-G:11. II-a), all New Hampshire carriers who collect HEDIS data must annually submit the HEDIS information to the state. The information contained in this report is based on this required submission. The data supplied by Anthem represents 210,807 member years, CIGNA data represents 126,598 member years, and Harvard Pilgrim data represents 42,242 member years.

Report Time Period: HEDIS measures were reported in mid-2005 using claims data from the 2003-2004 time period.

Benchmark Source: The benchmark rates shown in this report are provided directly by NCQA.

Health Plans: HEDIS data from three New Hampshire health plans are displayed in this report: Anthem, CIGNA and Harvard Pilgrim health plans. National benchmark data represents aggregated data from 262 health plans across the U.S.. New England benchmark data represents aggregated data from 26 health plans (NH, ME, VT, CT, MA, RI). Northern New England benchmark data represents aggregated data from 11 health plans (NH, ME, VT).

Interpretive Limitations of the Data: This report displays actual HEDIS results only. We have not assessed the statistical significance of measure differences between individual health plans or the benchmarks. Though a health plan's actual HEDIS value may be higher or lower than a comparative value, there may not be a statistically significant difference between the two values.

I. EFFECTIVENESS OF CARE MEASURES

Adolescent Immunization	NEW HAMPSHIRE HEALTH PLAN			GEOGRAPHIC BENCHMARKS		
MEASURE	Anthem	CIGNA	Harvard Pilgrim	National	New England	Northern New England
Adolescent Immunization Status (Hepatitis B) Percentage of adolescents who had 3 doses of hepatitis B vaccine by their 13th birthday.	73.2%	62.0%	76.2%	66.8%	80.6%	75.7%
Adolescent Immunization Status (MMR) Percentage of adolescents who had a second dose of measles, mumps, rubella vaccine by their 13th birthday.	93.1%	89.3%	97.0%	76.8%	92.1%	90.9%
Adolescent Immunization Status (VZV) Percentage of adolescents who had one chicken pox vaccine by their 13th birthday.	75.6%	57.7%	84.7%	55.8%	78.9%	68.2%
Adolescent Immunization Status (Combo 1) Percentage of adolescents who had 2 doses of MMR and 3 doses of Hepatitis B vaccine by their 13th birthday.	71.4%	61.3%	76.2%	63.0%	78.9%	73.4%
Adolescent Immunization Status (Combo 2) Percentage of adolescents who had 2 doses of MMR, 3 doses of Hepatitis B, and 1 dose of the chicken pox vaccines by their 13th birthday.	60.5%	43.3%	69.1%	46.9%	68.7%	57.0%

I. EFFECTIVENESS OF CARE MEASURES (continued)

Antidepressant Medication Management	NEW HAMPSHIRE HEALTH PLAN			GEOGRAPHIC BENCHMARKS		
MEASURE	Anthem	CIGNA	Harvard Pilgrim	National	New England	Northern New England
Antidepressant Medication Management (Acute Phase) Percentage of members 18 and older who were diagnosed with a new episode of depression, treated with an antidepressant medication, and who remained on an antidepressant drug during the entire 84-day acute treatment phase.	70.1%	69.1%	62.6%	60.9%	64.4%	67.0%
Antidepressant Medication Management (Continuation) Percentage of members 18 and older who were diagnosed with a new episode of depression, treated with an antidepressant medication, and who remained on an antidepressant drug for at least 180 days.	54.3%	54.5%	45.8%	44.3%	47.6%	51.1%
Antidepressant Medication Management (Contacts) Percentage of members 18 and older who were diagnosed with a new episode of depression, treated with an antidepressant medication, and who had at least 3 follow-up contacts with a primary care practitioner or mental health practitioner during the 84-day acute treatment phase.	23.6%	26.0%	27.4%	20.0%	30.5%	25.6%

Appropriate Testing for Children with Pharyngitis	NEW HAMPSHIRE HEALTH PLAN			GEOGRAPHIC BENCHMARKS		
MEASURE	Anthem	CIGNA	Harvard Pilgrim	National	New England	Northern New England
Appropriate Testing for Children with Pharyngitis. Percentage of children 2-18 years if age who were diagnosed with pharyngitis, were prescribed and antibiotic and who received a Group A streptococcus test before antibiotics were administered. Higher rates indicate more appropriate use of antibiotics.	83.4%	77.8%	89.5%	72.6%	86.0%	83.0%

Appropriate Treatment for Children with Upper Respiratory Infection (URI)	New Hampshire HEALTH PLAN			GEOGRAPHIC BENCHMARKS		
MEASURE	Anthem	CIGNA	Harvard Pilgrim	National	New England	Northern New England
Appropriate Testing for Children with an URI. Percentage of children 3months-18 years of age who were diagnosed with an URI and did not receive an antibiotic prescription for that episode of care within 3 days of the visit.	87.4%	88.9%	88.0%	82.7%	89.0%	89.0%

I. EFFECTIVENESS OF CARE MEASURES (continued)

Use of Appropriate Medications for People with Asthma	New Hampshire HEALTH PLAN			GEOGRAPHIC BENCHMARKS		
MEASURE	Anthem	CIGNA	Harvard Pilgrim	National	New England	Northern New England
Asthma Medication Use (All Ages Combined) Percentage of enrolled members aged 5-56 years of age who were identified as having persistent asthma and who were appropriately prescribed medication deemed acceptable by the Heart, Lung, and Blood Institute as preferred therapy for long-term asthma control.	74.6%	79.2%	79.7%	72.9%	76.2%	76.8%
Asthma Medication Use (Age 5-9) Percentage of 5-9 year olds who were identified as having persistent asthma and who were appropriately prescribed medication deemed acceptable by the Heart, Lung, and Blood Institute as preferred therapy for long-term asthma control.	77.2%	80.8%	91.5%	75.9%	81.2%	82.0%
Asthma Medication Use (Age 10-17) Percentage of 10-17 year olds who were identified as having persistent asthma and who were appropriately prescribed medication deemed acceptable by the Heart, Lung, and Blood Institute as preferred therapy for long-term asthma control.	71.3%	77.5%	76.4%	69.5%	73.9%	73.5%
Asthma Medication Use (Age 18-56) Percentage of 18-56 year olds who were identified as having persistent asthma and who were appropriately prescribed medication deemed acceptable by the Heart, Lung, and Blood Institute as preferred therapy for long-term asthma control.	75.0%	79.4%	78.8%	73.8%	76.1%	76.7%

Beta-Blocker Treatment after a Heart Attack	New Hampshire HEALTH PLAN			GEOGRAPHIC BENCHMARKS		
MEASURE	Anthem	CIGNA	Harvard Pilgrim	National	New England	Northern New England
Beta-Blocker Treatment after a Heart Attack. Percentage of members 35 years of age and older who are hospitalized and discharged from the hospital after surviving a heart attack and who received a prescription for a beta-blocker upon discharge.	100.0%	98.9%	100.0%	96.2%	97.8%	98.7%

Breast Cancer Screening	NEW HAMPSHIRE HEALTH PLAN			GEOGRAPHIC BENCHMARKS		
MEASURE	Anthem	CIGNA	Harvard Pilgrim	National	New England	Northern New England
Breast Cancer Screening Percentage of women aged 52-69 enrolled in a health plan who had at least one mammogram in the past two years.	84.1%	82.5%	84.4%	73.4%	79.9%	81.8%

I. EFFECTIVENESS OF CARE MEASURES (continued)

Cervical Cancer Screening	New Hampshire HEALTH PLAN			GEOGRAPHIC BENCHMARKS		
MEASURE	Anthem	CIGNA	Harvard Pilgrim	National	New England	Northern New England
Cervical Cancer Screening Percentage of women aged 21-64 who were enrolled in a health plan and who had at least one Pap test in the past three years.	90.1%	89.3%	90.0%	80.9%	86.0%	86.7%

Chlamydia Screening	NEW HAMPSHIRE HEALTH PLAN			GEOGRAPHIC BENCHMARKS		
MEASURE	Anthem	CIGNA	Harvard Pilgrim	National	New England	Northern New England
Chlamydia Screening (Age 16-20) Percentage of sexually active female plan members aged 16-20 who had at least one test for chlamydia during the measurement year.	38.8%	25.6%	31.6%	32.6%	37.8%	34.9%
Chlamydia Screening (Age 21-25) Percentage of sexually active female plan members aged 21-25 who had at least one test for chlamydia during the measurement year.	35.6%	23.6%	37.1%	31.7%	37.0%	34.0%

Cholesterol Management After Acute Events	NEW HAMPSHIRE HEALTH PLAN			GEOGRAPHIC BENCHMARKS		
MEASURE	Anthem	CIGNA	Harvard Pilgrim	National	New England	Northern New England
Cholesterol Management after Acute Events (Screening) Percentage of health plan members 18-75 years of age who had evidence of an acute cardiovascular event and whose LDL-C was screened in the year following the event.	81.2%	87.5%	96.6%	81.8%	85.8%	86.0%
Cholesterol Management after Acute Events (LDL<100) Percentage of health plan members 18-75 years of age who had evidence of an acute cardiovascular event and whose LDL-C was less than 100mg/dL in the year following the event.	58.6%	52.2%	62.1%	50.9%	53.7%	55.4%
Cholesterol Management after Acute Events (LDL<130) Percentage of health plan members 18-75 years of age who had evidence of an acute cardiovascular event and whose LDL-C was less than 130mg/dL in the year following the event.	74.6%	71.2%	87.9%	68.0%	71.0%	73.2%

I. EFFECTIVENESS OF CARE MEASURES (continued)

Childhood Immunization Status	NEW HAMPSHIRE HEALTH PLAN			GEOGRAPHIC BENCHMARKS		
MEASURE	Anthem	CIGNA	Harvard Pilgrim	National	New England	Northern New England
Childhood Immunization (Combo 1) Percentage of children who turned 2 years old during the measurement year and received 4 doses of DTaP, 3 doses of OPV or IPV, 1 dose of MMR, 3 doses of Hib, and 3 doses of Hepatitis B.	86.3%	84.1%	90.0%	76.4%	81.2%	79.2%
Childhood Immunization (Combo 2) Percentage of children who turned 2 years old during the measurement year and received 4 doses of DTaP, 3 doses of OPV or IPV, 1 dose of MMR, 3 doses of Hib, 3 doses of Hepatitis B, and 1 dose of chicken pox.	81.8%	77.3%	84.8%	72.5%	76.1%	72.1%
Childhood Immunization (DTP) Percentage of children who turned 2 years old during the measurement year and received 4 doses of Diphtheria, tetanus, and pertussis (DTP or DTaP) vaccines	93.2%	91.7%	95.4%	85.9%	91.4%	91.0%
Childhood Immunization (HIB) Percentage of children who turned 2 years old during the measurement year and received 3 doses of *Haemophilus influenzae* type B.	94.1%	93.0%	94.2%	87.8%	92.1%	90.9%
Childhood Immunization (Hepatitis B) Percentage of children who turned 2 years old during the measurement year and received 3 doses of Hepatitis B.	92.5%	91.2%	93.9%	87.2%	89.9%	88.4%
Childhood Immunization (IPV). Percentage of children who turned 2 years old during the measurement year and received 3 doses of polio (IPV or OPV).	95.1%	95.6%	96.4%	90.1%	93.3%	93.2%
Childhood Immunization (MMR) Percentage of children who turned 2 years old during the measurement year and received 1 dose of measles, mumps, rubella (MMR).	95.4%	94.8%	96.7%	92.3%	94.0%	93.7%
Childhood Immunization (VZV) Percentage of children who turned 2 years old during the measurement year and received 1 dose of chicken pox vaccine.	88.9%	85.4%	89.7%	87.5%	87.8%	83.5%

Colorectal Cancer Screening	New Hampshire HEALTH PLAN			GEOGRAPHIC BENCHMARKS		
MEASURE	Anthem	CIGNA	Harvard Pilgrim	National	New England	Northern New England
Colorectal Cancer Screening Percentage of adults 50-80 years of age who had appropriate screening for colorectal screening by the U.S. Preventive Services Task Force.	54.7%	60.8%	62.6%	49.0%	61.6%	60.1%

I. EFFECTIVENESS OF CARE MEASURES (continued)

Comprehensive Diabetes Care	NEW HAMPSHIRE HEALTH PLAN			GEOGRAPHIC BENCHMARKS		
MEASURE	Anthem	CIGNA	Harvard Pilgrim	National	New England	Northern New England
Comprehensive Diabetes Care (Eye Exams) Percentage of health plan members with type 1 and type 2 diabetes who are 18-75 years old and who, during the measurement year, had an eye exam.	72.4%	67.4%	69.1%	51.0%	64.1%	66.8%
Comprehensive Diabetes Care (HbA1c Testing) Percentage of health plan members with type 1 and type 2 diabetes who are 18-75 years old and who, during the measurement year, had a HbA1c test.	91.0%	92.9%	92.5%	86.5%	90.5%	91.8%
Comprehensive Diabetes Care (LDL-C Screening) Percentage of health plan members with type 1 and type 2 diabetes who are 18-75 years old and who, during the measurement year, had a serum cholesterol level (LDL-C) screening.	94.6%	91.2%	96.4%	91.0%	93.0%	93.4%
Comprehensive Diabetes Care (Nephropathy) Percentage of health plan members with type 1 and type 2 diabetes who are 18-75 years old and who, during the measurement year, had a screen for kidney disease.	54.0%	56.2%	64.7%	52.0%	58.5%	60.4%
Comprehensive Diabetes Care (Poor HbA1c Control) Percentage of health plan members with type 1 and type 2 diabetes who are 18-75 years old and who, during the measurement year, had poorly controlled HbA1c test (level greater than 9.0 percent).	18.4%	20.7%	21.4%	30.7%	26.2%	24.2%
Comprehensive Diabetes Care (LDL<100) Percentage of health plan members with type 1 and type 2 diabetes who are 18-75 years old and who, during the measurement year, had their cholesterol level controlled to less then 100 mg/dL.	46.0%	47.2%	45.5%	40.2%	42.5%	42.9%
Comprehensive Diabetes Care (LDL<130) Percentage of health plan members with type 1 and type 2 diabetes who are 18-75 years old and who, during the measurement year, had their cholesterol level controlled to less then 130 mg/dL.	72.9%	67.9%	74.7%	64.8%	68.0%	67.6%

Controlling High Blood Pressure	New Hampshire HEALTH PLAN			GEOGRAPHIC BENCHMARKS		
MEASURE	Anthem	CIGNA	Harvard Pilgrim	National	New England	Northern New England
Controlling High Blood Pressure. Percentage of adults aged 45-85 who have diagnosed hypertension and whose blood pressure has been controlled. Adequate control was defined as a blood pressure of 140/90 mmHg or lower.	75.7%	72.7%	74.0%	66.8%	70.8%	71.2%

I. EFFECTIVENESS OF CARE MEASURES (continued)

Follow-up After Hospitalization for Mental Illness	NEW HAMPSHIRE HEALTH PLAN			GEOGRAPHIC BENCHMARKS		
MEASURE	Anthem	CIGNA	Harvard Pilgrim	National	New England	Northern New England
Follow-up after Hospitalization for Mental Illness (30 days) Percentage of health plan members 6 years of age and older who received inpatient treatment for a mental health disorder and had an ambulatory or other specified types of follow up after hospital discharge within 30 days.	91.0%	85.4%	93.5%	76.0%	82.7%	83.4%
Follow-up after Hospitalization for Mental Illness (7 days) Percentage of health plan members 6 years of age and older who received inpatient treatment for a mental health disorder and had an ambulatory or other specified types of follow up after hospital discharge within 7 days.	71.2%	66.8%	75.9%	55.9%	65.0%	65.4%

II.ACCESS/AVAILABILITY OF CARE

Prenatal and Postpartum Care	NEW HAMPSHIRE HEALTH PLAN			GEOGRAPHIC BENCHMARKS		
MEASURE	Anthem	CIGNA	Harvard Pilgrim	National	New England	Northern New England
Prenatal and Postpartum Care (Postpartum Care) Percentage of women who had a visit to a health care provider on or between 21 days and 56 days after delivery.	88.2%	86.0%	85.9%	80.7%	84.9%	85.4%
Prenatal and Postpartum Care (Timeliness) Percentage of women beginning their prenatal care during their first trimester or within 42 days of enrollment if already pregnant at the time of enrollment.	96.3%	95.6%	95.7%	90.8%	95.3%	95.0%

Adults' Access to Preventative/Ambulatory Health Services	NEW HAMPSHIRE HEALTH PLAN			GEOGRAPHIC BENCHMARKS		
MEASURE	Anthem	CIGNA	Harvard Pilgrim	National	New England	Northern New England
Adults' Access to Preventative/Ambulatory Services 20-44 Percentage of health plan enrollees 20-44 of age who had an ambulatory preventative care visit during the measurement year.	95.7%	95.5%	95.6%	92.7%	95.2%	95.2%
Adults' Access to Preventative/Ambulatory Services 45-64 Percentage of health plan enrollees 45-64 of age who had an ambulatory preventative care visit during the measurement year.	96.9%	96.9%	96.4%	94.6%	96.2%	96.4%
Adults' Access to Preventative/Ambulatory Services 65+ Percentage of health plan enrollees 65 years of age and older who had an ambulatory preventative care visit during the measurement year.	97.5%	97.7%	98.3%	96.2%	97.0%	97.1%

II.ACCESS/AVAILABILITY OF CARE (continued)

Children's Access to Primary Care Practitioners	NEW HAMPSHIRE HEALTH PLAN			GEOGRAPHIC BENCHMARKS		
MEASURE	Anthem	CIGNA	Harvard Pilgrim	National	New England	Northern New England
Children's Access to Primary Care Practitioners 12-19 Percentage of health plan enrollees aged 12-19 years old who had a visit with a managed care organization primary care practitioner during the measurement year.	94.4%	92.4%	94.0%	85.5%	93.6%	93.6%
Children's Access to Primary Care Practitioners 7-11 Percentage of health plan enrollees aged 7-11 years old who had a visit with a managed care organization primary care practitioner during the measurement year.	96.0%	94.9%	97.0%	88.5%	95.7%	95.0%
Children's Access to Primary Care Practitioners 25 mos-6yr Percentage of health plan enrollees aged 25 months-6 years old who had a visit with a managed care organization primary care practitioner during the measurement year.	94.5%	93.3%	95.7%	88.1%	94.2%	93.6%
Children's Access to Primary Care Practitioners 12-24 mos Percentage of health plan enrollees aged 12-24 months old who had a visit with a managed care organization primary care practitioner during the measurement year.	99.1%	98.5%	99.7%	96.8%	98.6%	98.9%

Alcohol and Other Drug Dependence	NEW HAMPSHIRE HEALTH PLAN			GEOGRAPHIC BENCHMARKS		
MEASURE	Anthem	CIGNA	Harvard Pilgrim	National	New England	Northern New England
Initiation of Alcohol and Other Drug Dependence Percentage of adults diagnosed with alcohol or other drug dependence (AOD) who initiate treatment through an inpatient AOD admission or through an outpatient service for AOD abuse or dependence and any additional AOD services within 14 days.	34.7%	40.6%	54.5%	45.9%	47.0%	44.7%
Engagement of Alcohol and Other Drug Dependence Percentage of adults diagnosed with alcohol or other drug dependence (AOD) who engage in treatment with two additional AOD treatments within 30 days after initiating treatment.	17.9%	14.1%	19.9%	15.5%	19.0%	18.9%

III. USE OF SERVICES

Well-Child Visits	NEW HAMPSHIRE HEALTH PLAN			GEOGRAPHIC BENCHMARKS		
MEASURE	Anthem	CIGNA	Harvard Pilgrim	National	New England	Northern New England
Well-Child Visits in First 15 Months of Life- 0 visits Percentage of enrolled members who turned 15 months old during the measurement year, who were continuously enrolled in the managed care organization from 31 days of age and who received zero visits with a primary care practitioner during their first 15 months of life.	0.5%	0.3%	0.0%	2.6%	0.6%	0.5%
Well-Child Visits in First 15 Months of Life- 1 visits Percentage who received 1 visit with a primary care practitioner during their first 15 months of life.	0.3%	0.3%	0.7%	1.3%	0.5%	0.5%
Well-Child Visits in First 15 Months of Life- 2 visits Percentage who received 2 visits with a primary care practitioner during their first 15 months of life.	0.1%	1.0%	0.7%	1.8%	0.6%	0.8%
Well-Child Visits in First 15 Months of Life- 3 visits Percentage who received three visits with a primary care practitioner during their first 15 months of life.	1.0%	1.2%	1.8%	3.0%	1.4%	1.6%
Well-Child Visits in First 15 Months of Life- 4 visits Percentage who received four visits with a primary care practitioner during their first 15 months of life.	3.4%	2.7%	3.7%	6.6%	3.3%	3.8%
Well-Child Visits in First 15 Months of Life- 5 visits Percentage who received five visits with a primary care practitioner during their first 15 months of life.	12.4%	16.8%	12.5%	16.1%	11.4%	12.7%
Well-Child Visits in First 15 Months of Life- 6 or more visits Percentage who received five visits with a primary care practitioner during their first 15 months of life.	82.2%	77.7%	80.6%	68.7%	82.2%	80.2%
Well-Child Visits in the 3rd, 4th, 5th, 6th Years of Life Percentage of members who were 3,4,5 or 6 years of age during the measurement year, who were continuously enrolled during the measurement year and who received one or more well-child visits with a primary care practitioner during the measurement year.	82.2%	82.0%	85.9%	64.4%	83.0%	80.0%
Adolescent Well-Care Visits Percentage of members who were 12-21 of age during the measurement year, who were continuously enrolled during the measurement year and who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.	51.7%	49.8%	53.0%	38.2%	57.1%	51.7%

III. USE OF SERVICES (continued)

Inpatient Utilization	NEW HAMPSHIRE HEALTH PLAN			GEOGRAPHIC BENCHMARKS		
MEASURE	Anthem	CIGNA	Harvard Pilgrim	National	New England	Northern New England
Inpatient Utilization Total Discharges 1,000/member years.	41.4	48.6	47.9	58.6	52	49.6
Inpatient Utilization Medical Discharges 1,000/member years.	15.3	21.4	18.6	24.8	21.6	19.8
Inpatient Utilization Surgery Discharges 1,000/member years.	14.1	15.7	17.3	19.6	17.7	17.6
Inpatient Utilization Maternity Discharges 1,000/member years.	13.9	12.1	13.8	16.7	14.1	13.5

Inpatient Utilization, Nonacute Care (includes hospice, nursing home, rehabilitation, SNF, transitional care and respite)	NEW HAMPSHIRE HEALTH PLAN			GEOGRAPHIC BENCHMARKS		
MEASURE	Anthem	CIGNA	Harvard Pilgrim	National	New England	Northern New England
Inpatient Utilization Nonacute Care Discharges/1,000 members per year.	1.0	2.9	1.7	1.7	2.1	2.0
Inpatient Utilization Nonacute Care Days/1,000 members per year.	14.0	33.4	31.8	22.6	29.7	30.2
Inpatient Utilization Nonacute Care Average Length of Stay.	14.6	11.6	18.7	13.8	14.5	15.2

Ambulatory Care	NEW HAMPSHIRE HEALTH PLAN			GEOGRAPHIC BENCHMARKS		
MEASURE	Anthem	CIGNA	Harvard Pilgrim	National	New England	Northern New England
Ambulatory Care Outpatient Visits Visits/1,000 Member years.	3,848.6	4,043.0	3,768.7	3,600.9	4,011.3	3,857.0
Ambulatory Care Emergency Room Visits Visits/1,000 Member years.	217.9	216.8	183.5	177.5	195.7	202.6
Ambulatory Care Ambulatory Surgery/Procedures Procedures 1,000/Member years.	124.6	134.9	126.1	113.9	121.5	126.4
Ambulatory Care Observation Stays Resulting in Discharge Stays/1,000 Member years.	19.0	12.2	11.2	9.7	10.2	12.2

III. USE OF SERVICES (continued)

Maternity Care	NEW HAMPSHIRE HEALTH PLAN			GEOGRAPHIC BENCHMARKS		
MEASURE	Anthem	CIGNA	Harvard Pilgrim	National	New England	Northern New England
Maternity Care Total Deliveries Discharges/1,000 female members per year.	26.6	21.8	25.5	28.9	24.8	24.0
Maternity Care Total Deliveries Days/1,000 female members per year.	65.4	60.9	70.2	77.9	71.8	66.1
Maternity Care Total Deliveries Average Length of Stay.	2.5	2.8	2.8	2.7	2.9	2.7
Maternity Care Total Vaginal Deliveries Discharges/1,000 female members.	19.6	16.4	17.9	20.1	17.3	17.1
Maternity Care Total Vaginal Deliveries Days/1,000 female members.	42.0	39.0	41.5	44.5	40.4	39.3
Maternity Care Total Vaginal Deliveries Average Length of Stay.	2.1	2.4	2.3	2.2	2.3	2.3
Maternity Care Total Cesarean Deliveries Discharges/1,000 female members.	7.0	5.5	7.6	8.8	7.5	6.9
Maternity Care Total Cesarean Deliveries Days/1,000 female members.	23.4	21.9	28.7	33.4	31.3	26.7
Maternity Care Total Cesarean Deliveries Average Length of Stay.	3.3	4.0	3.8	3.8	4.2	3.8

III. USE OF SERVICES (continued)

Births	NEW HAMPSHIRE HEALTH PLAN			GEOGRAPHIC BENCHMARKS		
MEASURE	Anthem	CIGNA	Harvard Pilgrim	National	New England	Northern New England
Births Total Newborn Discharges/1,000 member years.	12.4	11.1	11.7	12.5	11.1	11.0
Births Total Newborn Days/1,000 member years.	39.2	36.3	55.1	41.3	38.5	37.9
Births Total Newborn Average Length of Stay.	3.2	3.3	4.7	3.3	3.4	3.4
Births Well Newborn Discharges/1,000 member years.	11.5	10.3	10.7	11.6	10.3	10.2
Births Well Newborn Days/1,000 member years.	25.3	25.0	25.5	26.1	24.9	23.7
Births Well Newborn Average Length of Stay.	2.2	2.4	2.4	2.3	2.4	2.3
Births Complex Newborn Discharges/1,000 member years.	0.9	0.8	1.0	0.9	0.8	0.8
Births Complex Newborn Days/1,000 member years.	13.9	11.3	29.5	15.2	13.6	14.2
Births Complex Newborn Average Length of Stay .	16.2	13.8	29.7	16.5	15.9	16.2

Mental Health	NEW HAMPSHIRE HEALTH PLAN			GEOGRAPHIC BENCHMARKS		
MEASURE	Anthem	CIGNA	Harvard Pilgrim	National	New England	Northern New England
Mental Health Utilization Discharges/1,000 Member Years.	3.7	2.5	4.9	2.9	3.3	3.3
Mental Health Utilization Average Length of Stay.	6.9	6.3	5.9	6.2	7.5	7.2
Mental Health Utilization - Any Mental Health Service Percent of Members.	9.1%	10.1%	8.9%	5.5%	8.3%	8.6%
Mental Health Utilization - Inpatient Mental Health Service Percent of Members .	0.3%	0.2%	0.3%	0.2%	0.3%	0.3%
Mental Health Utilization - Intermediate Mental Health Service Percent of Members.	0.1%	0.0%	0.1%	0.1%	0.1%	0.1%
Mental Health Utilization - Ambulatory Mental Health Service Percent of Members.	9.1%	10.1%	8.8%	5.4%	8.2%	8.5%

III. USE OF SERVICES (continued)

Chemical Dependency	NEW HAMPSHIRE HEALTH PLAN			GEOGRAPHIC BENCHMARKS		
MEASURE	Anthem	CIGNA	Harvard Pilgrim	National	New England	Northern New England
Chemical Dependency Utilization Dischargers/1,000 Member years.	1.2	0.8	0.2	1.3	1.8	1.1
Chemical Dependency Utilization Average Length of Stay.	5.7	3.8	3.2	5.1	4.9	5.3

Outpatient Drug	NEW HAMPSHIRE HEALTH PLAN			GEOGRAPHIC BENCHMARKS		
MEASURE	Anthem	CIGNA	Harvard Pilgrim	National	New England	Northern New England
Outpatient Drug Utilization Average Cost of Prescriptions per member per month.	$47.82	Not Reported	$51.94	$46.77	$51.93	$54.14
Outpatient Drug Utilization Average Number of Prescriptions per member per year.	11.1	13.7	11.1	10.5	11.1	11.7